

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90078 019 ***150.00

EVELYNE ALAY DESIGNS, INC.

Mailing Address

8770 SUNSET DRIVE
PMB 292
MIAMI FL 33173-3512
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Zip

Country

4. FEI Number **65-0659400**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name LEONE, EVELYNE

Street Address (P.O. Box Number is Not Acceptable)
8770 Sunset Drive suite 292

City MIAMI FL Zip Code 33133

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/23/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input type="checkbox"/> Delete
NAME	LEONE, EVELYNE	
STREET ADDRESS	4960 SW 72ND AVE., #204	
CITY-ST-ZIP	MIAMI FL 33155	

TITLE	DV	<input type="checkbox"/> Delete
NAME	LEONE, JOSEPH	
STREET ADDRESS	4960 SW 72ND AVE., #204	
CITY-ST-ZIP	MIAMI FL 33155	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

NAME	STREET ADDRESS	CITY - ST - ZIP	PHONE	DATE	TIME	STATUS	REMARKS
NAME	STREET ADDRESS	CITY - ST - ZIP	PHONE	DATE	TIME	STATUS	REMARKS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8770 Sunset Dr #292
CITY - ST - ZIP	MIAMI, FL 33173

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition:
NAME	
STREET ADDRESS	8770 Sunset DR #292
CITY-ST-ZIP	MIAMI, FL 33173

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

UNIT NUMBER	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/01 3052798991

CR2E034 (10/00)