

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103229

1. Entity Name
FORWARD FASHIONS, INC.

FILED
Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90013 010 ***550.00

Principal Place of Business
401 MANDALAY AVENUE
CLEARWATER BEACH FL 34630

Mailing Address
401 MANDALAY AVENUE
CLEARWATER BEACH FL 34630

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
401 Mandalay Ave

Suite, Apt. #, etc.
401 Mandalay Ave

City & State
Clearwater Beach, FL

City & State
Clearwater Beach, FL

Zip
33767

Country
PINELLAS

Zip
33767

Country
PINELLAS

4. FEI Number 59-3416200

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

STEINFELD, PHILIP
401 MANDALAY AVE.
CLEARWATER BCH FL 33767

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STEINFELD, PHILIP
401 MANDALAY AVENUE
CLEARWATER BEACH FL 34630 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
STEINFELD, PHILIP
401 MANDALAY AVE
CLEARWATER BEACH, FL 33767 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
STEINFELD, STACEY
401 MANDALAY AVE
CLEARWATER BEACH, FL 33767 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Philip Steinfeld
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip Steinfeld July 25, 2000

727-442-8698

Date

Daytime Phone #