

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103288

1. Entity Name

SPECIALTY FASHIONS & DESIGNS, INC.

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90173 011 ***150.00

Principal Place of Business

Mailing Address

1052 US HWY 92 W
AUBURNDALE FL 33823
US

5951 HIGH GLEN DR
LAKELAND FL 33813-4801
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3415414

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

DANIEL MEDINA
4921 SOUTHFORK DR
LAKELAND FL 33813

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 \$150.00
After MAY 1, 2000 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 VP ☐ Delete
NAME MEDINA, DAMARIS P
STREET ADDRESS 5951 HIGH GLEN DR
CITY-ST-ZIP LAKELAND FL

TITLE VP/S/D ☒ Change ☐ Addition
NAME Damaris P. Medina
STREET ADDRESS 5951 High Glen Drive
CITY-ST-ZIP Lakeland, FL 33813

TITLE P ☐ Delete
NAME PENA, LIDIA
STREET ADDRESS 6927 W COMANCHE AVE
CITY-ST-ZIP TAMPA FL

TITLE P/T/D ☒ Change ☐ Addition
NAME Lidia Peña
STREET ADDRESS 6927 W. Comanche Ave
CITY-ST-ZIP Tampa, FL 33634

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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, with all other like empowered.

SIGNATURE: Damaris P. Medina Damaris P. Medina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 (863) 607-6192
Date Daytime Phone #

CR2E034 (9/99)