

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90284 031 ***150.00

DOCUMENT # P96000103288

1. Entity Name

SPECIALTY FASHIONS & DESIGNS, INC.

Principal Place of Business

1052 US HWY 92 W
 AUBURNDALE FL 33823
 US

Mailing Address

~~5951 HIGH GLEN DR~~
5637 EMERALD RIDGE BLVD
 LAKELAND FL 33813
 US

2. Principal Place of Business

3. Mailing Address

5637 Emerald

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ridge Blvd.

City & State

City & State

Lakeland FL

Zip

Country

Zip

Country

33813 USA

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 SOUTH FORK DR~~
LAKELAND FL 33813

Name

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

107 morningside Dr. Suite A

City

Lakeland

FL

Zip Code

33803

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, 2002 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 **VPSD** ☐ Delete
 NAME **MEDINA, DAMARIS P**
 STREET ADDRESS **5951 HIGH GLEN DR**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Change ☐ Addition
 NAME **5637 EMERALD RIDGE BLVD**
 STREET ADDRESS **Lakeland FL 33813**
 CITY-ST-ZIP

TITLE **PTD** ☐ Delete
 NAME **PENA, LIDIA**
 STREET ADDRESS **6927 W COMANCHE AVE**
 CITY-ST-ZIP **TAMPA FL 33634**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Damaris P. Medina

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/3/02 8636076192

CR2E034 (9/01)