

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000011533**
 1. Entity Name
DEL ORBE UNISEX, CORP.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90108 047 ***150.00

Principal Place of Business Mailing Address
652 NE 125TH St.
N. Miami, FL 33161

2. Principal Place of Business 3. Mailing Address
652 NE 125TH St. **652 NE 125TH St.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
N. Miami, FL **N. Miami, FL**

Zip Country Zip Country
33161 U.S.A. **33161 U.S.A.**

4. FEI Number Applied For
65-0729828 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
AMERI LAWYER
343 ALMERIA AVE.
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
 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 **3/28/00**
 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. ☐ **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
 TITLE ☐ Delete
PRESIDENT
 NAME **INES DEL ORBE**
 STREET ADDRESS **860 NE 180TH St.**
 CITY-ST-ZIP **N. Miami Beach, FL 33162**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 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.

SIGNATURE: **Ines Del Orbe** **3/28/00 (305) 893-0591**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)