

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**  
05-03-2002 90158 004 \*\*\*150.00

**1. Entity Name**  
**UNIS FASHION INC.**

2037 N.W. 20 STREET  
MIAMI FL 33142

2037 N.W. 20 STREET  
MIAMI FL 33142

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Not Applicable
----------------

☐ **\$8.75** Additional Fee Required

**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, 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

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

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
-------	---------------------------------	-----------------------------------

NAME \_\_\_\_\_ ☐ Change ☐ Addition  
 STREET ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_  
CITY - ST - ZIP \_\_\_\_\_

CITY-ST-ZIP	TITLE

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		

NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
-------	---

NAME	
STREET ADDRESS	
CITY - ST - ZIP	

3. 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: Young Hea Rae  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

CPR2E034 (9/01)