

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000080062**

1. Entity Name
F. FASHION VILLAGE, INC.
FF FASHION VILLAGE INC.



FILED

03 JUL 28 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**5454 WISCONSIN AVE., STE. 1265
CHEVY CHASE MD 20815**

Mailing Address
**5454 WISCONSIN AVE., STE. 1265
CHEVY CHASE MD 20815**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2054703**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003, Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CH RUBIN, MICHAEL D 5454 WISCONSIN AVE., STE. 1265 CHEVY CHASE MD 20815 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000022166120 08/08/03--01038--019 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T LYONS, BRUCE D 5454 WISCONSIN AVE., STE. 1265 CHEVY CHASE MD 20815 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S DE LAPEYROUSE, ROBERT 5454 WISCONSIN AVE., STE. 1265 CHEVY CHASE MD 20815 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 7/11/03 301951-8811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAPITOL INVESTMENT ASSOCIATES CORPORATION

5454 WISCONSIN AVENUE
SUITE 1265
CHEVY CHASE, MARYLAND 20815
(301) 951-8811 □ FAX (301) 951-3585

July 25, 2003

Secretary of State
State of Florida
Division of Corporations
406 E. Gaines Street
Tallahassee FL 32399

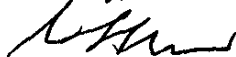
Subject: Replacement 2003 Uniform Business Report and Check
F.F. Fashion Village Inc.

Dear Sir or Madam:

Earlier this month we sent in the 2003 Uniform Business Reports together with a check for \$550. This included a penalty of \$400. However as we had not received this report before, we would like to request that the penalty be waived. In order to expedite this process, we have stopped payment on the original check and hereby submit a copy of the report and a check in the amount of \$150.

Please call me at 301-951-8811 x 19 if you need any further information.

Sincerely,



Lester S. Steinfeld
Chief Financial Officer