2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90024 038 ***150.00

DOCUMENT # P98000015254

1. Entity Name
C.C.M. FASHION, corp.

Principal Place of Business
430 Valencia AV #9
Coral Gables Fl. 33134

Mailing Address
3500. S.W 112 AV #B209
Miami Fl. 33165

769813

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
430 Valencia AV
Suite, Apt. #, etc.
9
City & State
Coral Gables, Fl
Zip 33134
Country

4. FEI Number 65-0812431
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
Cabrera Marina
3500 SW 112 AV. Apt B209
Miami, Fl. 33165

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
430 Valencia AV, Ste 9
City Miami Coral Gables FL Zip Code 33134

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, 2001 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	DP ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	Cobrera Marina	NAME	
STREET ADDRESS	216 SANTANDER AV	STREET ADDRESS	430 Valencia AV #9
CITY-ST-ZIP	Coral Gables, Fl. 33134	CITY-ST-ZIP	Coral Gables, Fl. 33134
TITLE	DV ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	Rodriguez Arnaldo	NAME	
STREET ADDRESS	216 SANTANDER AV	STREET ADDRESS	430 Valencia AV. #9
CITY-ST-ZIP	Coral Gables, Fl. 33134	CITY-ST-ZIP	Coral Gables Fl 33134
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: Marina Cabrera 4/25/01 (305) 648-1083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #