

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90349 006 ***150.00

769045

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000021570**1. Entity Name** SILVIO'S FASHION PLUS, INC.

Principal Place of Business ~~10376 NW 128 Terrace~~
~~Hialeah Gardens, FL~~

Mailing Address ~~10376 NW 128 Terrace~~
~~Hialeah Gardens FL~~

2. Principal Place of Business
770 W 80th St

Suite, Apt. #, etc.

3. Mailing Address
770 W 80th St

Suite, Apt. #, etc.

City & State
HIALEAH FL**City & State**
HIALEAH FL**4. FEI Number**
65-0818235**Applied For**
Not Applicable**Zip** 33014
Country USA**Zip** 33014
Country USA**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**

CRUZ, ELENA A
~~10376 NW 128 Terrace~~
~~Hialeah Gardens, FL 33016~~

7. Name and Address of New Registered Agent**Name****Street Address (P.O. Box Number is Not Acceptable)**

770 W 80TH ST

HIALEAH FL 33016

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** _____
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE PD
NAME CRUZ A ELENA
STREET ADDRESS 780 W 80TH ST
CITY-ST-ZIP HIALEAH FL 33014

☐ Delete

TITLE VSD
NAME CRUZ ANDRES L
STREET ADDRESS 770 W 80TH ST
CITY-ST-ZIP HIALEAH FL 33014

☐ Delete

TITLE VSD
NAME FREISO, SILVIO
STREET ADDRESS 770 W 80TH ST
CITY-ST-ZIP HIALEAH FL 33014

☐ Delete

TITLE
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CITY-ST-ZIP

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☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)