

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041812

1. Entity Name

ELEVEN FASHION, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90191 014 \*\*\*158.75

Principal Place of Business

Mailing Address

2098 NW 20 ST #8  
MIAMI FL 33142-7304

2098 NW 20 ST #8  
MIAMI FL 33131-1101

603537

2. Principal Place of Business

159 E Flacker St.

3. Mailing Address

159 E Flacker St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami - FL

City & State  
Miami - FL

4. FEI Number 65-0834885

Applied For

Not Applicable

Zip 33132

Country USA

Zip 33132

Country USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALAZAR, HENRY  
2098 NW 20 ST  
#8  
MIAMI FL 33142

Name Pedro Tapia

Street Address (P.O. Box Number is Not Acceptable)

8579 Beacon Hill Rd.

City Palm Beach Garden

FL

Zip Code 33410

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME TAPIA, PEDRO A  
STREET ADDRESS CONTRO EMPRESAS SALAN GRANDE  
CITY-ST-ZIP CARACAS VENEZUELA LOCAL 13

TITLE P ☒ Change ☐ Addition  
NAME Pedro Tapia  
STREET ADDRESS 8579 Beacon Hill Rd.  
CITY-ST-ZIP Palm Beach Garden, FL 33410

TITLE S ☒ Delete  
NAME SALAZAR, HENRY  
STREET ADDRESS 900 WEST 49TH STREET #317  
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 01/12/00

Daytime Phone # 305/3799909