2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State
03-21-2001 90010 037 ***150.00

DOCUMENT # P98000041812

1. Entity Name
ELEVEN FASHION, INC.

Principal Place of Business
159 E.FLAGLER ST.
MIAMI_FLORIDA 33142

Mailing Address
159 E.FLAGLER ST.
MIAMI-FLORIDA 33142

A0035264

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2181 Jupiter Park Dr.		2181 Jupiter Park Dr.	
Suite, Apt. #, etc.: F-13		Suite, Apt. #, etc.: F-13	
City & State: Jupiter-Florida		City & State: Jupiter-Florida	
Zip: 33458	Country: USA	Zip: 33458	Country: USA

4. FEI Number: 65-0834885 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Pedro Tapia
1200 Abacoa Town Center #402
Jupiter-Florida 33458

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 ____________________
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P Tapia Pedro 8579 Beacon Hill Rd. Palm Beach Gardens-Fl 33410 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Tapia Pedro 1200 Abacoa Town Center #402 Jupiter-Florida 33458 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: ____________________ 3/12/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #