

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0203772

DOCUMENT # P98000060848

1. Entity Name

ALY'S FASHIONS & HANDBAGS, INC.

05-16-2001 90043 026 ***150.00

Principal Place of Business

**9805 S.W. 40TH ST.
 MIAMI FL 33165**

Mailing Address

**9805 S.W. 40TH ST.
 MIAMI FL 33165**

2. Principal Place of Business

9805 S.W. 40th
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami FL
 Zip

Country

33165

City & State

Zip

Country

4. FEI Number

APPLIED FOR

65-0851852

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MORALES, AZUCENA
 8260 S.W. 34TH TERRACE
 MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name **Same**

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

Azucena Morales

(NOTE: Registered Agent signature required when reinstating)

5/1/01
 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

TITLE **P** ☐ Delete
 NAME **MORALES, AZUCENA**
 STREET ADDRESS **8260 S.W. 34TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE *Azucena Morales* ☐ Delete
 NAME *8260 S.W. 34 Terr*
 STREET ADDRESS *Miami FL 33155*
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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:

Azucena Morales

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01 (305) 207-7003
 Date Daytime Phone #

CR2E034 (10/00)