2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91059 010 ***150.00

DOCUMENT # P98000062396

1. Entity Name

ORESTES UNISEX, INC.

DO NOT WRITE IN THIS SPACE

94082541

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3635 East 4th Avenue	3635 East 4th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah Florida	City & State: Hialeah Florida
Zip 33013 Country USA	Zip 33013 Country USA

4. FEI Number 65-0850953 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: GARCIA, ORESTES

Street Address (P.O. Box Number is Not Acceptable): 3635 East 4th Avenue

City: Hialeah FL Zip Code 33013

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GARCIA, ORESTES 5880 East 4th Avenue Hialeah Fl 33013	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MUNOZ, MADELAINE G. 5880 East 4th Avenue Hialeah Fl 33013	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Madelaine G. Munoz 4/29/04 (305) 696-3533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)