

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068390

1. Entity Name

BUENA VIDA FASHIONS, INC.

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90079 041 ***150.00

Principal Place of Business

1160 WEST 23RD STREET
HIALEAH FL 33010

Mailing Address

8949 SE BRIDGE ROAD
SUITE 300
HOBE SOUND FL 33455

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1160 W 23RD ST

Suite, Apt. #, etc.

City & State

HIALEAH FL

Zip

33010

Country

MIAMI DADE

4. FEI Number 65-0912826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOTFRIED, BRAD
8949 SE BRIDGE RD., SUITE 300
HOBE SOUND FL 33455

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

TITLE D ☐ Delete
NAME GOTFRIED, BRAD
STREET ADDRESS 8949 SE BRIDGE RD., STE 300
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE D ☒ Delete
NAME RIJO, JUAN J
STREET ADDRESS 1580 SE COLLETTE CIR
CITY-ST-ZIP PORT ST LUCIE FL 34952

TITLE D ☒ Delete
NAME HUNEZ, FERNANDO
STREET ADDRESS 2810 SE FEDERAL HWY, BOX 12
CITY-ST-ZIP STUART FL 34994

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 D ☒ Change ☐ Addition
NAME BRAD GOTFRIED
STREET ADDRESS 1160 W. 23RD ST
CITY-ST-ZIP HIALEAH FL 33010

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

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

TITLE ☐ Change ☐ Addition
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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 FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/26/01 305 888-3424

CR2E034 (10/00)