## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an ag

SIGNATURE!

## FILED Sep 12, 2000 8:00 am Secretary of State DOCUMENT # P98000079131 FASHION 2000, INC. 09-12-2000 90145 050 \*\*\*550.00 Principal Place of Business Mailing Address 2000 NW 20TH STREET 2000 NW 20TH STREET MIAMI FL 33142 MIAMI FL 33142 AUU76512 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0868655 Not Applicable Zip ~\$8:75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MUNOZ, ALBERTO Street Address (P.O. Box Number is Not Acceptable) 2000 NW 20TH STREET MIAMI FL 33142 Zip Code FL .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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 Addition ☐ Delete TITLE ☐ Change TITLE MUNOZ, ALBERTO NAME NAME STREET ADDRESS 2000 NW 20TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33142 ☐ Delete TITLE Change ☐ Addition TITI F MUNOZ, LILLIAM NAME NAME STREET ADDRESS 2000 NW 20TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI\_FL\_33142 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 occurate 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 appropriate to execute this report executed by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ING OFFICER OR DIRECTOR