

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087256

1. Entity Name

THE WINDOW FASHION STORE, INC.

FILED

00 DEC 18 PH 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2581 N.W. 79TH AVENUE
MIAMI FL 33122

Mailing Address

2581 N.W. 79TH AVENUE
MIAMI FL 33122

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 2000

4. FEI Number 65-0873003

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, JOSE

2581 N.W. 79TH AVENUE
MIAMI FL 33122

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

JOSE GARCIA (OWNER)

11/2/00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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: CONTROLLER
NAME: BERNARDO MENDOZA
STREET ADDRESS: 17425 SW 29 ST
CITY-ST-ZIP: MIRAMAR, FL 33029

☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: 900003575459-8
STREET ADDRESS: -01/25/01--01103--016
CITY-ST-ZIP: *****750.00 *****750.00

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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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:

BERNARDO MENDOZA

10-13-00

305 593-9494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EXT 103

CR2E034 (5/00)