

2002

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90433 040 ***150.00

DOCUMENT # **P98000100998**

1. Entity Name

FLAWLESS FASHIONS, INC

636317

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

105 LAKE EMERALD DR.

3. Mailing Address

105 LAKE EMERALD DR.

Suite, Apt. #, etc.

306

Suite, Apt. #, etc.

306

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33309

Country

Zip

33309

Country

4. FEI Number

65-0882047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MOHAMMAD A SATTAR

Street Address (P.O. Box Number is Not Acceptable)

105 LAKE EMERALD DR. # 306

City

FORT LAUDERDALE, FL

Zip Code

33309

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)

3/28/02

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
**D RAUF, SALEEMA
105 LAKE EMERALD DR. #306
FORT LAUDERDALE, FL 33309**

TITLE
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02 (954) 486-2531

Date

Daytime Phone #

CR2E034B (12/01)