

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027217

1. Entity Name
119th STREET FASHIONS, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90018 044 ***158.75

Principal Place of Business
1529 NW 119th Street,
Miami, FL 33167.

Mailing Address
1529 NW 119th Street
Miami, FL 33167.

2. Principal Place of Business
1529 NW 119th Street,
Suite, Apt. #, etc.

3. Mailing Address
1529 NW 119th Street
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip 33167 Country USA

Zip 33167 Country USA

4. FEI Number 65-0905383
Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DAVIS, CASSANDRA
1529 NW 119th Street,
Miami, FL 33167.

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 CASSANDRA DAVIS, President 02/24/00
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 \$150.00
After MAY 1, 2000 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	PD	<input type="checkbox"/> Delete
NAME	DAVIS, CASSANDRA	
STREET ADDRESS	7762 NW 8th Avenue	
CITY-ST-ZIP	Miami, FL 33150	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DAVIS, ROSHAWN	
STREET ADDRESS	1529 NW 53rd Street,	
CITY-ST-ZIP	Miami, FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: Cassandra Davis, President 02/24/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)