

DA CORP INC
LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED

02 DEC 19 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000035652**

1. Entity Name
Boggi Fashions, Inc.

DO NOT WRITE IN THIS SPACE

200009222272
11/26/02--01035--009 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1250 E. Hallandale Bch Blvd		3. Mailing Address 1250 E. Hallandale Bch Blvd	
Suite, Apt. #, etc. 1003		Suite, Apt. #, etc. 1003	
City & State Hallandale FL		City & State Hallandale FL	
Zip 33009	Country U.S.A.	Zip 33009	Country U.S.A.

4. FEI Number 65-0951414	Applied For ☐ Not Applicable
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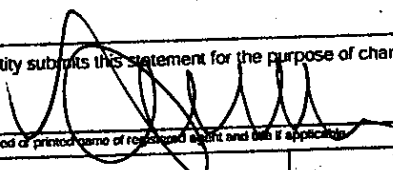
5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name Leopold, Karen S. Esq.
Street Address (P.O. Box Number is Not Acceptable) 20801 Biscayne Blvd.
Suite 501
City Aventura
FL Zip Code 33180

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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  **Karen S. Leopold** **11-18-02**
Signature, typed or printed name of registered agent and date if applicable DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

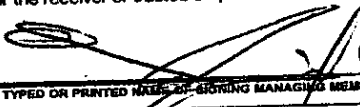
9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Mr. Giuseppe Porcu 1250 E. Hallandale Bch Blvd #1003 Hallandale FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Co-Treasurer Gabriel Ravah 1250 E. Hallandale Bch Blvd. #1003 Hallandale, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Asst. Sec. Giuseppe Porcu [same as above]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec./Co-Treasurer Liza Hazan [same as above]
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

 **Gabriel Ravah**
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)

Leopold, Korn & Leopold, P.A.
Attorneys at Law

Norman Leopold
Gary A. Korn
Karen S. Leopold
Hilary S. Feinstock
Robin I. Willner*
Helen M. Mittelman**
Jennifer Shaw Snyder

* Also admitted in Colorado
** Also admitted in New York

REPLY TO: ☒ Main Office
☐ Boca Raton

Main Office:
20801 Biscayne Boulevard
Suite 501
Aventura, FL 33180
Telephone: 305-935-3500
Brow./Boca-Delray: 954-949-0188
Palm Beaches: 561-909-0337
Telefax: 305-935-9042

Email: kleopold@leopoldkorn.com

Boca Raton Office:
1900 N.W. Corporate Blvd.
Suite 400 East
Boca Raton, FL 33431
Miami-Dade: 305-935-3500
Brow./Boca-Delray: 954-949-0188
Palm Beaches: 561-909-0337
Telefax: 305-935-9042

Of counsel: Howard L. Adler
Terri Grumer Sonn

December 16, 2002

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Boggi Fashions, Inc. (P99000035652)

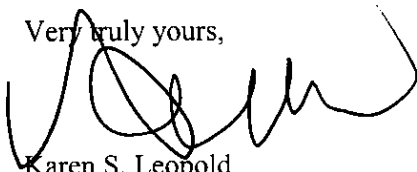
Dear Sir or Madam:

This office represents Boggi Fashions, Inc. My client already attempted to reinstate once unsuccessfully. Please see a copy of its letter of November 13, 2002, which reflects that it already paid \$150.00, which you still have.

Please find enclosed the Uniform Business Report, which I have corrected, signed as registered agent, and have had my client re-sign. Please reinstate this corporation as soon as possible.

Should you have any questions or need anything further, please do not hesitate to contact me. Thank you for your prompt attention to this matter.

Very truly yours,



Karen S. Leopold
KSL/k
Enclosures