

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051202

1. Entity Name

FACETS IN FASHION, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90010 030 ***550.00

Principal Place of Business

1645 SOUTH MIAMI AVENUE
MIAMI FL 33129

Mailing Address

1645 SOUTH MIAMI AVENUE
MIAMI FL 33129

2. Principal Place of Business

21 N.E. 39th St

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

Country

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DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0925 272

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRESPO, NERA
5013 NW 112 COURT
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name

EMMA MARTINS RODRIGUES

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

125 JEFFERSON AVE

#142

City

MIAMI BEACH

FL

Zip Code

33139

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

EMMA MARTINS RODRIGUES

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

9/8/00

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

TITLE P
NAME MARTINS RODRIGUES, EMMA
STREET ADDRESS 125 JEFFERSON AVE #142
CITY-ST-ZIP MIAMI BEACH, FL 33139

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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CITY-ST-ZIP

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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 reports 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)