

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054523

1. Entity Name
F V FASHIONS, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90179 046 ***150.00

Principal Place of Business

Mailing Address

~~8484 S.W. 24 STREET~~
~~MIAMI FL 33155~~

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~~MIAMI FL 33155~~

LUUJ7616



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8476 S.W. 24 ST.
Suite, Apt. #, etc.

8476 S.W. 24 ST.
Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL
Zip 33155 Country

MIAMI, FL
Zip 33155 Country

4. FEI Number 65-0926648

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

UGARTE, FABRICIO
4155 SW 92 AVENUE
MIAMI FL 33165

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DTSP ☐ Delete
NAME UGARTE, FABRICIO
STREET ADDRESS 4155 SW 92 AVENUE
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME UGARTE, RITA
STREET ADDRESS 4155 S.W. 92 AVENUE
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)