

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061022

1. Entity Name

FASHION TRADERS INTERNATIONAL, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90063 020 ***150.00

Principal Place of Business

Mailing Address

~~540 NW 28TH STREET~~
~~MIAMI FL 33127~~

1941 NW

~~540 NW 28TH STREET~~
~~MIAMI FL 33127~~

22nd St

MIA FL 33142

2. Principal Place of Business

3. Mailing Address

1941 NW 22nd St

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33142

Country

MIA-Dade

Zip

33142

Country

MIAMI-Dade

6. Name and Address of Current Registered Agent

MENESES, ABILIO A
540 NW 28TH STREET
MIAMI FL 33127

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

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

TITLE ☐ Delete
NAME D
STREET ADDRESS PINCKNEY, CARLOS J
CITY-ST-ZIP 540 NW 28TH STREET
MIAMI FL 33127

TITLE ☐ Delete
NAME D
STREET ADDRESS MENESES, LYDIA L
CITY-ST-ZIP 540 NW 28TH STREET
MIAMI FL 33127

TITLE ☐ Delete
NAME D
STREET ADDRESS MENESES, ABILIO A
CITY-ST-ZIP 540 NW 28TH STREET
MIAMI FL 33127

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/01 305
326-0493

CR2E034 (10/00)

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