

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90066 021 \*\*\*150.00

**DOCUMENT # P99000066080**

1. Entity Name  
**CYBERFASHIONS, INC.**

Principal Place of Business  
**C/O MERRILL BOOKSTEIN, ESQ.**  
**4800 N FEDERAL HWY, SUITE 201B**  
**BOCA RATON FL 33431**

Mailing Address  
**C/O MERRILL BOOKSTEIN, ESQ.**  
**4800 N FEDERAL HWY, SUITE 201B**  
**BOCA RATON FL 33431**

**719180**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**164 Saratoga Blvd. West**  
 Suite, Apt. #, etc.

3. Mailing Address  
**164 Saratoga Blvd. West**  
 Suite, Apt. #, etc.

City & State  
**ROYAL PALM BEACH, FL**  
 Zip  
**33411**  
 Country  
**Palm Beach**

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**33411**  
 Country  
**Palm Beach**

4. FEI Number **65-0945458** 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**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

Name  
**SAUSER, Jean-David**  
 Street Address (P.O. Box Number is Not Acceptable)  
**164 Saratoga Blvd. West**  
 City **ROYAL PALM BEACH, FL** Zip Code **33411**

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 **SAUSER, Jean-David, President** **02/01/2001**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>SAUSER, JEAN-DAVID</b> <b>4800 N FEDERAL HWY, SUITE 201B</b> <b>BOCA RATON FL 33431</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>SAUSER, JEAN-DAVID</b> <b>4800 N FEDERAL HWY, SUITE 201B</b> <b>BOCA RATON FL 33431</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>SAUSER, Jean-David</b> <b>164 Saratoga Blvd. West</b> <b>ROYAL PALM BEACH, FL 33411</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 007, 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: **SAUSER, Jean-David** **02/01/2001** **(561) 771 8790**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)