

# 2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # P99000071341

1. Entity Name

YENNI'S FASHIONS, INC.

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**FILED**  
**Jun 27, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90111 047 \*\*\*150.00

Principal Place of Business

7795 W.FLAGLER ST  
#82J  
MIAMI FL 33144

Mailing Address

7795 W.FLAGLER ST  
#82J  
MIAMI FL 33144-2370

2. Principal Place of Business

7795 W. Flagler St #82J

3. Mailing Address

Same

Suite, Apt. #, etc.

# 82J

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

65-0943467

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONTRERAS, GLORIA  
7795 W.FLAGLER ST  
#82J  
MIAMI FL 33144

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, 2000 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 PD  
NAME CONTRERAS, GLORIA  
STREET ADDRESS 7795 W.FLAGLER ST. #82J  
CITY-ST-ZIP MIAMI FL 33144 ☐ Delete

TITLE SD  
NAME LUQUE, VICTOR  
STREET ADDRESS 7795 W.FLAGLER ST. #82J  
CITY-ST-ZIP MIAMI FL 33144 ☐ Delete

TITLE TD  
NAME AGUILAR, ANA N  
STREET ADDRESS 7795 W.FLAGLER ST. #82J  
CITY-ST-ZIP MIAMI FL 33144 ☐ Delete

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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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 the empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)