

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90293 001 ***900.00

0619543 AT

DOCUMENT # P990000095193

1. Entity Name
FASHION BUG #3388, INC.



Principal Place of Business
**FIRST MERRITT CENTER MERRITT ISLAND CWAY
COURTNEY PKWY.
MERRITT FL 32952**

Mailing Address
**FASHION BUG #3388 INC
3750 STATE RD 7-813
BENSALEM PA 19020**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2226169**

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	BERN, DORITT J	
STREET ADDRESS	450 WINKS LN.	
CITY-ST-ZIP	BENSALEM PA 19020	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDBERG, JON A	
STREET ADDRESS	450 WINKS LN.	
CITY-ST-ZIP	BENSALEM PA 19020	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIEBERMAN, KATHLEEN H	
STREET ADDRESS	450 WINKS LN.	
CITY-ST-ZIP	BENSALEM PA 19020	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAUB, JONATHON	
STREET ADDRESS	450 WINKS LN.	
CITY-ST-ZIP	BENSALEM PA 19020	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPECTER, ERIC M	
STREET ADDRESS	450 WINKS LN.	
CITY-ST-ZIP	BENSALEM PA 19020	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SULLIVAN, JOHN	
STREET ADDRESS	450 WINKS LANE	
CITY-ST-ZIP	BENSALEM PA 19020	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)