


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91210 012 ***150.00

DOCUMENT # P99000102181

1. Entity Name
FASHION USA, INC.



Principal Place of Business
7271 SW 13 STREET
MIAMI FL 33144

Mailing Address
7271 SW 13 STREET
MIAMI FL 33144

2. Principal Place of Business
7795 W. FLAGLER ST
Suite, Apt. #, etc. 75-B

3. Mailing Address
7876 N.W 167 TR
Suite, Apt. #, etc.

City & State MIAMI FL

City & State MIAMI LAKES FLORIDA

Zip 33144 **Country** USA

Zip 33015 **Country** USA



CHECK HERE IF MAKING CHANGES


6. Name and Address of Current Registered Agent

GILBOA, YARON
7271 SW 13 STREET
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name: GILBOA YARON
Street Address (P.O. Box Number is Not Acceptable)
7876 N.W 167 TR
City: MIAMI LAKES FL Zip Code: 33015

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:  DATE: 04-15-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE: P NAME: GILBOA, YARON STREET ADDRESS: 7271 SW 13 STREET CITY-ST-ZIP: MIAMI, FL 33144	<input type="checkbox"/> Delete
TITLE: VP NAME: ISHAK ROSENBERG STREET ADDRESS: 3400 E ATLANTIC BLVD CITY-ST-ZIP: POMPADRO BEACH, FL 33060	<input 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
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: 04-15-03 DAYTIME PHONE #: 305-2612644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)