

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90040 036 ***150.00

DOCUMENT # S44204

1. Entity Name
SNAPSHOT FASHIONS, INC.

Principal Place of Business
3205 NE 184TH ST
9204
AVENTURA FL 33160
US

Mailing Address
3205 NE 184TH ST
9204
AVENTURA FL 33160
US

2. Principal Place of Business
3370 NE 190TH ST

3. Mailing Address
3370 NE 190TH ST

Suite, Apt. #, etc.
3211

Suite, Apt. #, etc.
3211

City & State
AVENTURA, FL

City & State
AVENTURA, FL

Zip
33180

Country
USA

Zip
33180

Country
USA

4. FEI Number **65-0262489**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEVY, ROBERT S.
1615 FORUM PLACE
SUITE 18
W PALM BEACH FL 33401

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, 2002 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** ☒ Delete
 NAME **LEVY, JAY M**
 STREET ADDRESS **P.O. BOX 14044 (N/A)**
 CITY-ST-ZIP **NORTH PALM BCH FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **LEVY, JAY M**
 STREET ADDRESS **3370 N.E. 190TH ST, # 3211**
 CITY-ST-ZIP **AVENTURA, FL. 33180**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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: **JAY M. LEVY** **3-7-02** **305-466-0870**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)