

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S58330**

1. Entity Name
EXOTIC SILK FANTASIES, INC.

Principal Place of Business
2525 STICKEY PT RD
SARASOTA FL 34231
US

Mailing Address
P. O. BOX 15121
SARASOTA FL 34277
US

2. Principal Place of Business
340 S. TAMiami TRAIL

3. Mailing Address
Suite, Apt. #, etc.

City & State
NOROKIS FLORIDA
Zip
34275
Country
USA

City & State
Zip
Country

4. FEI Number **65-0272894**

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

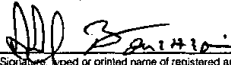
6. Name and Address of Current Registered Agent

BOUAZZAOUI, ADIL
4013 HIGEL AVE
SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4532 OCEAN BLVD.
Unit 210
City
SARASOTA FL Zip Code
34242

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 reissuing)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P BOUAZZAOUI, ADIL 4013 HIGEL AVE SARASOTA FL	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. 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
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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 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: 

FILED

01 SEP 25 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

9/13/01 90017/031 \$550.00