## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 21, 2000 8:00 am Secretary of State **DOCUMENT # \$90010** 1. Entity Name ROXY FASHIONS, INC. 03-21-2000 90059 021 \*\*\*150.00 Principal Place of Business Mailing Address 685 S.W. 50TH TERRACE W. SAMPLE ROAD MARGATE FL 33068-3002 v ≈ 4 U 7 II J.... BEACH FL 33073-3026 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2497474 Not Applicable \$8.75 Additional Country Zip Country Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GONZALEZ, ANGEL Street Address (P.O. Box Number is Not Acceptable) 685 S.W. 50TH TERRACE MARGATE FL 33068 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition **PST** ☐ Delete TITLE HILL NAME GONZALEZ, ANGEL STREET ADDRESS STREET ADDRESS 685 S.W. 50TH TERRACE CITI ST ZIP CITY-ST-ZIP MARGATE FL 33068 ☐ Addition ☐ Change ☐ Delete TITLE HHE GONZALEZ, ANGEL STREET ADDRESS SHEET ADDRESS 685 S.W. 50TH TERRACE CITY-ST-ZIP CT ST ZIP MARGATE FL 33068 ☐ Change ☐ Addition TITLE ☐ Delete THLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP D.TH ST-ZIP Change Addition TITLE ☐ Delete HILLE NAME STREET ADDRESS Sincer ADDRESS CITY-ST-ZIP ST ZIP ☐ Delete ■ Addition TITLE NAME STREET ADDRESS ..... L. ANORESS CITY-ST-ZIP ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS ана таруне99

i3. 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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/00 (454) 974-26 70

Davlime Phor