

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

7.10/2

00 AUG -3 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V15862**
1. Entity Name
TANY MOLINA'S EXCLUSIVE MAGIC DRESSING, INC.

Principal Place of Business Mailing Address
4300 S.W. 11 St. 4300 S.W. 11 St.

2. Principal Place of Business 3. Mailing Address
4300 S.W. 11 St. 4300 S.W. 11 St.
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
MIAMI, FL MIAMI FL
Zip Zip
33134 33134 Country Country

4. FEI Number
65-0315111
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name **JORGE L. HERNANDEZ**
Street Address (P.O. Box Number is Not Acceptable)
6544 S.W. 114 PLACE, Unit 14
City **MIAMI**

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 **Jorge L. Hernandez** (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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 **Jorge L. Hernandez** **305-412-8322**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

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TONY MOLINA'S EXCLUSIVE MAGIC DRESSING, INC.
4300 S.W. 11TH STREET
MIAMI, FLORIDA 33134

July 31, 2000

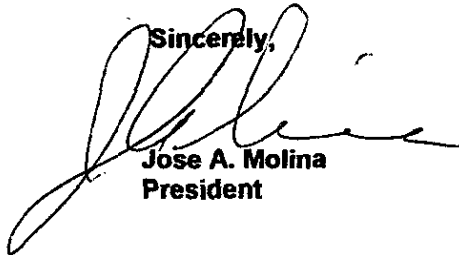
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Attention: Michelle Milligan

Dear Ms. Milligan:

I recently sent in my corporation report late because I had not received the original renewal notice since it had been sent to the wrong address. As per our recent telephone conversation, I am enclosing the new annual report with a check for \$150.00 and also a check for \$8.75 so that I may receive a certificate of status. Thanking you very much for all your assistance, I remain

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Molina', with a large, stylized flourish extending from the bottom left.

Jose A. Molina
President