

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90374 042 ***158.75

DOCUMENT # V40910

1. Entity Name
KLOTHES KOLLECTION INC.

Principal Place of Business

2082 NW 18 AVE ~~7350 NW~~
MIAMI FL 33142
US

Mailing Address

P.O. BOX 420110
MIAMI FL 33242-0110
US

2. Principal Place of Business

7350 NW 7th ST
Suite, Apt. #, etc.
110

3. Mailing Address

PO Box 524369

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number **65-0336665**

Applied For
Not Applicable

Zip **33126** **Country** **USA**

Zip **33152** **Country**

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

6. Name and Address of Current Registered Agent

LAUNGANI, JYOTI
2082 N.W. 18 AVE.
MIAMI FL 33142

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
7350 NW 7th ST
City **MIAMI** **FL** **Zip Code** **33126**

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 *Jyoti Laungani* **President**

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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **DP** ☐ **Delete**
NAME **LAUNGANI, JYOTI**
STREET ADDRESS **2082 N.W. 18 AVE.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ **Delete**
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **Change** ☐ **Addition**
NAME **LAUNGANI Jyoti**
STREET ADDRESS **7350 NW 7th ST, #110**
CITY-ST-ZIP **MIAMI FL 33126**

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

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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: *Jyoti Laungani* **JYOTI LAUNGANI** **3/16/02** **786-275-7890**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0242363 AV

CR2E034 (9/01)