

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90245 019 ***150.00

DOCUMENT # V60226

1. Entity Name
FASHIONS FOR U TOO, INC.

Principal Place of Business
2500 SANDSTONE COURT
WELLINGTON FL 33414

Mailing Address
2500 SANDSTONE COURT
WELLINGTON FL 33414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0365546**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

KATZ, IRWIN
2500 SANDSTONE COURT
WELLINGTON FL 33414

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 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 **D** ☐ Delete
 NAME **KATZ, IRWIN**
 STREET ADDRESS **2500 SANDSTONE COURT**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **D** ☐ Delete
 NAME **KATZ, SHEILA**
 STREET ADDRESS **2500 SANDSTONE COURT**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Delete
 NAME
 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
 STREET ADDRESS
 CITY-ST-ZIP

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

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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: SIGNATURE REQUIRED

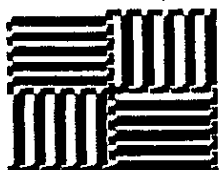
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Irwin Katz 7/8/02 561-753-0397
 Date Daytime Phone #

CR2E034 (4/02)

Attachment
V60226

MSPB



MEDICAL SPECIALISTS OF THE PALM BEACHES, INC.
CARDIOLOGY

Stephen Krasner, M.D., F.A.C.C.
Albert Musaffi, M.D., F.A.C.C.
Mark A. Simon, M.D., F.A.C.C.
Michael B. Lakow, M.D., F.A.C.C.
Shaul S. Dadi, M.D., F.A.C.C.
Walter Pinedo, M.D., F.A.C.C.
Robert A. Pelberg, M.D.
Roberto L. von Sohsten, M.D.

23 January 2002

Re: KATZ, IRWIN

To Whom It May Concern:

I am writing in reference to my patient, Irwin Katz, who, due to his significant cardiac condition, cannot work.

If any further information is required, please do not hesitate to contact me.

Sincerely,

Albert Musaffi, M.D., F.A.C.C.

AM/dgi



FLORIDA DEPARTMENT OF EDUCATION
Tallahassee, Florida 32399-0400

Attachment
B# V60026

December 11, 2001

Irwin Katz
2500 Sandstone Court
Wellington, FL 33414

Federal Family Education Loan
SSN: 113-30-5853

We have reviewed your Total and Permanent Disability certification form, and your Florida Federal Family Education Loan(s) has been canceled due to your total and permanent disability.

Your account has been closed with our collection agent, and national credit bureaus have been informed that this debt has been canceled.

In accordance with Florida Statutes, schools may now release any academic record that has been withheld as a result of this default.

If you require any further assistance, please call our Customer Service Office at (800) 366-3475 and ask for the disability specialist.

A handwritten signature in cursive script that reads "Annie Fedd".

Annie Fedd, Program Specialist
Claims Unit
Office of Student Financial Assistance

Attachment
7/8 / 0#V00226
Fisthows for a too

Dear Sir -

My wife who takes care of
The store is in the process of having
surgery for Cancer.

I have had a terrible heart
attack that left me permanently
disabled & unable to work.

We received this thing in the mail
that said we owe \$550. I called and
spoke to a gentleman who said to write
this letter and send in the \$150.

My wife who takes care of the
business now all by herself told me
that she never got the original form.
I'm sure that if she got the original one
she would have paid it for the smaller
amount of \$150.

We can no longer afford many things -
my medication cost \$300 per month &
we cannot afford our health insurance
any longer. (\$753) Letter is the
first going to pass some legislation to help
senior citizens (I'm 62 1/2) pay for
drugs!

Any way we will need the business
to keep us out of bankruptcy. So please
find enclosed \$150.

May God bless you & keep you
healthy. It's not fun when you get older.

Sincerely yours
Gene Lutz