

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90003 002 ***550.00

DOCUMENT # **P97000006042**

1. Entity Name
EL Triunfo FASHIONS, INC



A0073149

Principal Place of Business Mailing Address
8290 N.W. Lake Drive Apt 306 **8290 N.W. Lake Drive Apt 306**
MIAMI, FL 33166 **MIAMI, FL 33166**

2. Principal Place of Business 3. Mailing Address
8025 NW 36 St Ste 302 **8025 NW 36 Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste 302

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
MIAMI, FL **MIAMI, FL** **05-0727367** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
33166 **MIAMI-Dade** **33166** **MIAMI-Dade** Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Nunez, Nardo Name **Alfonso Cordero**
8025 N.W 36 street Ste 302 Street Address (P.O. Box Number is Not Acceptable)
MIAMI, FL 33166 **8025 N.W 36 Street Ste 302**
 City **MIAMI** FL Zip Code **33166**

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 **X [Signature]** DATE **8/8/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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 NAME STREET ADDRESS CITY-ST-ZIP	PTD Nunez, Carlos 8290 NW Lake Drive Apt 302 MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Nunez, Mardo A 8290 NW Lake Drive Apt 302 MIAMI, FL 33166	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 address, with all other like empowered.

SIGNATURE: **[Signature]** DATE **8/8/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)