

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90072 038 ***550.00

A0082113

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000006042

1. Entity Name ✓
EL Trunfo Fashions, Inc

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

2. Principal Place of Business 3. Mailing Address
8025 NW 36 street

Suite, Apt. #, etc. Suite, Apt. #, etc.
ste 302

City & State City & State
Miami, FL 33166

Zip Country Zip Country
33166 **USA**

4. FEI Number Applied For
650727367 Not Applicable

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

6. Name and Address of Current Registered Agent
Nuñez, Mardo A
8025 NW 36 street ste 302
Miami, FL 33166

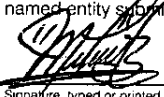
7. Name and Address of New Registered Agent

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.

SIGNATURE  DATE **8/13/01**

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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	
TITLE NAME	<input type="checkbox"/> Delete
President	
Nuñez, Carlos	
8290 NW Lake Drive Apt 302	
Miami, FL 33166	
TITLE NAME	<input type="checkbox"/> Delete
VPD	
Nuñez Mardo	
8290 NW Lake Drive Apt 302	
Miami, FL 33166	
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE **8/13/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)