2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # J68848 Aug 16, 2000 8:00 am Secretary of State 1. Entity Name MARIKO BOUTIQUE INC. 08-16-2000 90011 034 ***550.00 Mailing Address Principal Place of Business 329 WORTH AVENUE 329 WORTH AVENUE PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2844721 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KIYOKAWA, MARIKO Street Address (P.O. Box Number is Not Acceptable) 329 WORTH AVENUE PALM BEACH FL 33480 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 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE D TITLE ☐ Addition ☐ Delete NAME KIYOKAWA, TATSUHIDE NAME STREET ADDRESS STREET ADDRESS 329 WORTH AVENUE CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL Delete ☐ Change ☐ Addition TITLE TITLE NAME KIYOKAWA, MARIKO NAME STREET ADDRESS STREET ADDRESS 329 WORTH AVENUE CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change Addition TITLE TITLE 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 in changed, or on an attachment with an address, with all other like empowered.

adachment P9900053057 0W79436

	To whom it may concern,	8/2/0
	Enclosed is the renewal application	
-	for my corporation. I called the local	
	number por your office and exprained that	· ·
	el reciosed a second metico and did met	· .
	recioned be pirot one. They told me that	· .
	the person who helped me do the original	
	application should have injurned me of the	
	remental process to avoid this problem. The	
	gentleman that helped me his name was	
	Stave and he was a great help. He	
_	told me to write this letter of explanation	
	and that most likely his office or yours	
	would not charge me the penalty due to	
	the good that of counted on a paid	
-	professional to inform me of the process.	
-	Thank you and store for your help	
	me to rectify this situation	
	Senceraly	
	harles Mysell	
	EVI inc.	
	(561) 746-6060	

Maciko

8/2/00

329 Worth Avenue Palm Beach, Florida 33480 (561) 655-5770

Dear Sir: Enclosed, please fid a check fra Too Some reason, I do not recall receiving an original statement. I am Sorry of I neglected but, if you could, please reinstate the penalty portion. I have been, up to now, paid on time. Thak you for your Considerati. fricaly, T. Getr Kryolene

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Date

Date

Dayling Phone #