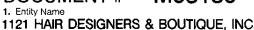
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

M08180 DOCUMENT





FILED Jan 22, 2003 8:00 am Secretary of State 01-22-2003 90166 023 ***150.00

THE THAIR BESIGNERS & BOOTIGOE, INC.							
Principal Place of Business 1121 CRANDON BLVD KEY BISCAYNE FL 33149		Mailing Address 1121 CRANDON BLVD KEY BISCAYNE FL 33149					
2. Principal Place of Business		3. Mailing Address		-			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 59-2469685		pplied For lot Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	S8.75 Ad	Iditional
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Regi	stered Agent	
MONTANO, MARCIA				me =	<u></u>		
6814 SW 82RD PLACE			Str	eet Address (F	P.O. Box Number is Not Acceptable)		
MIAMI FL 33143							
			Cit	у		FL Zip Coo	e et
	named entity submits this statement factors of registered agent.	or the purpose of changing its	registered offi	ice or registere	ed agent, or both, in the State of Florida	a. I am familiar with,	and accept
SIGNATURE							
	Signature, typed or printed name of registered agen	at and title if applicable. (NOT	E: Registered Agent	t signature required	when reinstating)	DATE	
_ Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o				9. Election Campaign Financ Trust Fund Contribution.		00 May Be d to Fees
10.	OFFICERS AND	<u> </u>	11.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11
TITLE	PDST MONTANO, MARIA	☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	6814 S.W. 83 PL. MIAMI FL		NAME STREET ADD CHY-ST-ZIF				
TITLE		☐ Delete	TITLE		···	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAMÉ STREET ADD CITY-ST-ZIF				
TITLE		□ Delete	TITLE			☐ Change	☐ Addition
NAME	and the second s		NAME	0500	and the second of the second	±-	
STREET ADDRESS CITY-ST-ZIP			STREET ADD	l l			
TITLE		☐ Delete	TITLE			. Change	Addition
NAME STREET ADDRESS			NAME STREET ADDI	RESS			
CITY-ST-ZIP			CITY-ST-ZIF	l			
TITLE		Delete	TITLE			Change	Addition
NAME STREET ADDRESS			NAME STREET ADD	RESS			}
CITY-ST-ZIP			CITY-ST-ZIF	1			
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDI	RESS			
CITY-ST-ZIP			CITY-ST-ZIF				
12 Thereby	pertify that the information supplied wit	h this filing does not qualify for	r the exemption	n stated in Sec	ction 119.07/3Vi). Florida Statutes, Lifurd	ther certify that the i	nformation

referoy ceruity 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: