2001 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P98000039622 ETIQUETTE DESIGNERS GROUP, INC. 04-19-2001 90087 039 ***150.00 Mailing Address Principal Place of Business 2725 S.W. 27 AVE 2725 S.W. 27 AVE MIAMI, FL 33133 COMMITT MIAMI, FL 33133 2. Principal Place of Business 3. Mailing Address 2725 S W 27 AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0853928 Not Applicable MIAMI, FL Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 33133 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LINDA LIEBMAN Street Address (P.O. Box Number is Not Acceptable) c/o EHRLICH, C.P.A. 2725 S W 27 AVE Zip Code MIAMI 33133 submits this state ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity APRIL 13, 2001 SIGNATURE _ ad agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE ☐ Delete LINDA LIEBMAN P,D,T NAME NAME C/O ALAN EHRLICH, C.P.A. STREET ADDRESS STREET ADDRESS 2725 S.W. 27 AVE, MIAMI, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 true 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 other like empowered.

PRESIDENT

ED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01

305-856-3009

Daytime Phone #