

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90600 006 ***150.00

DOCUMENT # **G01599**

1. Entity Name

HIS & HERS by PETRA, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1491 N.W. 27 Ave

Suite, Apt. #, etc.

3. Mailing Address

692 West 29 St

Suite, Apt. #, etc.

9

DO NOT WRITE IN THIS SPACE

90007546

City & State

MIAMI, Florida

Zip

33125

Country

USA

City & State

Hialeah, Florida

Zip

33012

Country

USA

4. FEI Number

59-2342314

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Clavel, Petra

Street Address (P.O. Box Number is Not Acceptable)

1491 NW 27 Ave

City

MIAMI

FL

Zip Code

33125

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$180.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

STREET ADDRESS

CITY - ST - ZIP

**DPST
CLAVEL, PETRA
1491 N.W. 27 Ave
MIAMI - FLA - 33125**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-03

Date

305-887-4185

Daytime Phone #

CR2E034B (12/01)