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Apr 09, 2003 8:00 am
Secretary of State
03-10-2003 90113 036 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000002994

1. Entity Name
APROPO ACCESSORIES INC.

* NEW # 04-359 3916

Principal Place of Business	Mailing Address
22820 WINDSOR WOOD CT. BOCA RATON FL 33433	2800 EAST COMMERCIAL BLVD STE 208 FT. LAUDERDALE FL 33308

CHECK HERE IF MAKING CHANGES ☑

2. Principal Place of Business	3. Mailing Address
3307 N.W. 29 Ave	3307 N.W. 29 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton Fl	City & State: Boca Raton FL
Zip: 33434 Country: USA	Zip: 33434 Country: USA

4. FEI Number [illegible] — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~KATZ, ALLEN H~~
~~2800 EAST COMMERCIAL BLVD~~
~~STE 208~~
~~FT. LAUDERDALE FL 33308~~

Shelley Smith
3307 NW 29 Ave
Boca Raton, Fl.
33434

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X Shelley Smith
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GICCA, RANDEE 22820 WINDSOR WOOD CT BOCA RATON FL 33433 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, SHELLEY 3307 N.W. 29TH AVE BOCA RATON FL 33434 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Shelley Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2/14/03 Daytime Phone #

CR2E034 (10/02)