2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

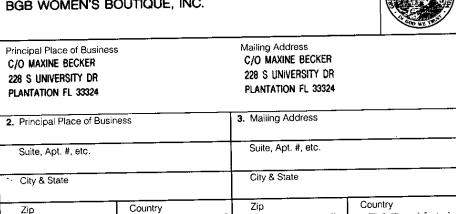
697693 **DOCUMENT #**

1. Entity Name

BECKER, MAXINE 228 S UNIVERSITY DR PLANTATION FL 33324

SIGNATURE

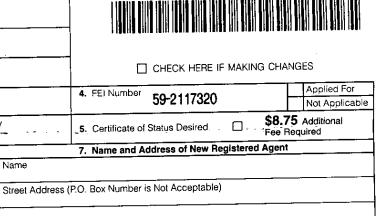
BGB WOMEN'S BOUTIQUE, INC.



6. Name and Address of Current Registered Agent

FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90275 030 ***150.00



| | | | I am familiar with, and accept |
|----|--|---|--------------------------------|
| 8. | The above named entity submits this statement for the purpose of changing its register | ared blilde of registered agent, or both, in the citate of historia | |
| | the obligations of registered agent. | | |

Name

City

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

DATE

\$5.00 May Be Added to Fees

Zip Code

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. ☐ Addition ☐ Change TITLE Delete TITLE NAME BECKER, MAXINE NAME STREET ADDRESS STREET ADDRESS 7631 NW 6TH CT CITY-ST-ZIP PLANTATION, FL 00000 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition 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

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.

D NAME OF SIGNING OFFICER OR D

TRUBECLEOUIRMAXINE BECKERX Y