

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90008 025 ***150.00

DOCUMENT # F06151

1. Entity Name
STELLA BOUTIQUE, INC.

Principal Place of Business

**168 S.E. 1ST STREET
 MIAMI FL 33131
 US**

Mailing Address

**432 POINCIANA ISLAND DR
 N MIAMI BEACH FL 33160
 US**

2. Principal Place of Business

70 E FLAGLER

Suite, Apt. #, etc.

City & State

MIAMI-FL

Zip
33131

Country

USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

FL

Zip

33131

Country

USA

4. FEI Number

59-2127668

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GARCIA, ERNESTINA
 168 SE 1 STR
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **GARCIA ERNESTINA**
 Street Address (P.O. Box Number is Not Acceptable)
78 E FLAGLER
 City **MIAMI** FL Zip Code **33131**

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 date 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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **PD** ☐ Delete
 NAME **GARCIA, ERNESTINA**
 STREET ADDRESS **432 POINCIANA ISLAND DR**
 CITY-ST-ZIP **NO. MIAMI BEACH FL**

TITLE **SD** ☐ Delete
 NAME **GARCIA, MILTON, JR.**
 STREET ADDRESS **432 POINCIANA ISLAND DR**
 CITY-ST-ZIP **NO. MIAMI BEACH FL**

TITLE **VD** ☐ Delete
 NAME **GARCIA, MILTON, SR.**
 STREET ADDRESS **432 POINCIANA ISLAND DR**
 CITY-ST-ZIP **NO. MIAMI BEACH FL**

TITLE **TD** ☐ Delete
 NAME **GARCIA, ANABEL JANET**
 STREET ADDRESS **432 POINCIANA ISLAND DR**
 CITY-ST-ZIP **NO. MIAMI BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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 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 trustee 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 an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)