2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 29, 2000 8:00 am Secretary of State DOCUMENT # F9700002419 1. Entity Name PAULETTE FASHIONS SOUTH, INC. 08-29-2000 90188 012 ***550.00 Principal Place of Business Mailing Address 150 NW 25TH ST. 239 LINDBOERGH PLACE POMPANO BEACH FL 33064 PATTERSON NJ 07503 2. Principal Place of Business 3. Mailing Address 739 LINDBERGH 150 NI STREET Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 22-3498393 New JERSEY ATERSON Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ०१८०३ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FAND, DAVID Street Address (P.O. Box Number is Not Acceptable) 9095 RUTHLEDGE AVE. **BOCA RATON FL 33433** Zip Code 33304 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PCD** ☐ Addition ☐ Delete TITLE FAND, MELVIN NAME NAME STREET ADDRESS 825 ALBE MURLE STREET STREET ADDRESS CITY-ST-ZIP WYCKOFF NJ 07481 CITY-ST-ZIP VISD Addition VTSD ☐ Delete TITLE TITLE FAND, DAVID FAND, DAVID NAME NAME 1401 NORTHEAST STREET ADDRESS STREET ADDRESS 9095 RUTHLEDGE AVE CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33434** TITLE Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 expowered.