2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 689592 Jul 31, 2000 8:00 am Secretary of State 1. Entity Name BLOOMING GALS, DNC. 07-31-2000 90014 014 \*\*\*150.00 Principal Place of Business 11540 JW 99th ST. 11540 SW 99+25T. MIAMI, FL 33176 MIAMI, FL 33176 B0103887 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State . City & State 59-2383760 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NEHAMKIN, MYRIAM 11540 Sw 99 th 35. Street Address (P.O. Box Number is Not Acceptable) MIAMI, FZ 33176 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be -- Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Delete TITLE Change TITLE NEHAMKIN MYRIAM 11540 SWY 99+25 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI PZ 33176 ☐ Change ☐ Addition Delete TITLE NEHAMKIN, NESSAN NAME NAME 11540 Sw 99+2 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, PL 33176 ☐ Change ☐ Addition ☐ Defete TITLE NAME 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 ☐ Addition ☐ Change ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MYRITEN NEH AMKIN, PRESIDENT

SIGNATURE: 4

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Doc#-G89592 B0103887

Blooming Gals, Inc. 11540 SW 99<sup>th</sup> Street Miami, FL 33176

July 10,1999

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sir/Madam:

I am writing to respectfully request that you accept the payment of \$150, which is enclosed with the completed 2000 Uniform Business Report for #G89592, as payment in full for the renewal fee. Our accounting firm had called and spoke with Carol in your office and was informed that our corporation had been dissolved due to lack of timely payment. Unfortunately, we had to close our business location in 1999 due to extensive damage as a result of Hurricane Irene. We never received the 2000 Uniform Business Report to mail by the May 1, 2000 deadline. Our accounting firm ordered this blank form which we have completed with our new address. We never intended to not pay the fee, as we do intend to keep the corporation open. Carol suggested that we include a note with the completed form, and therefore, we are.

Please give this matter your generous consideration and thank you in advance for your time.

Very truly yours,

Myriam Nehamkin, President of Blooming Gals, Inc.