2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 10, 2001 8:00 am Secretary of State **DOCUMENT # K02475** 1. Entity Name EJ'S BAGS & RAGS, INC. 01-10-2001 90067 032 ***150.00 Mailing Address Principal Place of Business C/O-EILEEN CARR C/O EILEEN CARR 9358 AOOM VISTA BLVD BOYNTON BCH FL 33427 9358 ADWA VISTA BLVD BOYNTON BCH FL 33437 US leng address ==== = 373 2. Principal Place Mailing Agdress Goea Kason 2850 NW 2 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc _____ Applied For City & State 4. FEL Number City & State 65-0014487 Not Applicable, \$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 CARR, EILEEN Street Address (P.O. Box Number is Not Acceptable) 9358 AQUA VISTA BLVD **BOYNTON BCH FL 33437** 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. DATE (NOTF: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) -ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE CARR, EILEEN PST TITLE NAME NAME CARR, EILEEN. 2850 NW 26 th Ave. STREET ADDRESS CR2E034 STREET ADDRESS 9358 AQUA VISTA BLVD BOCA RATON, FL 33434 CITY-ST-7IP CITY-ST-ZIP BOYNTON BCH FL Change ☐ Addition VD TITLE ☐ Delete TITLE VD) NAME CARR, EILEEN NAME CARR, EILEEN STREET ADDRESS 2850 NW 26 5 AV STREET ADDRESS 9358 AQNA VISTA BLVD CITY-ST-ZIP CITY-ST-ZIP BOYNTON BCH FL Change ☐ Addition ☐ Delete TITI E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Defete TITLE NAME NAME =:::: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITI F 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-ZIP 13. I hereby certify that the information supplied with this filling 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 duster empowered to except this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ELLEEN CARR 1/10/01

changed, or on an attachment with

SIGNATURE: