

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90113 022 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # K86498

1. Entity Name
EXPRESS BOUTIQUE, INC.

Principal Place of Business

C/O BARBARA OCCHIUZZI
1330 DIPLOMAT PKWY.
HOLLYWOOD FL 33019
US

Mailing Address

C/O BARBARA OCCHIUZZI
1330 DIPLOMAT PKWY.
HOLLYWOOD FL 33019
US

2. Principal Place of Business

393 N. E. 2nd AVE.

Suite, Apt. #, etc.

WALLANDALE,

City & State

Fla.

Zip

33009

Country

USA

3. Mailing Address

SAME 1330 Diplomat PKWY

Suite, Apt. #, etc.

Hollywood

City & State

Fla

Zip

33019

Country

USA

4. FEI Number

65-0123549

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OCCHIUZZI BARBARA
1330 DIPLOMAT PKWY
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title 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 **D** ☐ Delete
NAME **OCCHIUZZI, BARBARA**
STREET ADDRESS **101 N OCEAN DR**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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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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

Barbara Occhuzzi
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.02

Date

Daytime Phone #

954
922-2829

CR2E034 (9/01)