

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

02-10-2002 90010 016 ****78.75
 04-09-2002 90057 018 ****80.00

760283

DOCUMENT # M75692 ✓

1. Entity Name

ERICA LOREN GIFT BOOTIQUE INC.

Principal Place of Business

Mailing Address

524C North Lake Blvd
 North Palm Beach, FL
 33408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Susan M. Loren
 2947- Frenchman's Passage
 Palm Beach Gardens, FL
 33410

Name: Richard DelGlander
 Street Address (P.O. Box Number is Not Acceptable):
 524C North Lake Blvd
 City: North Palm Beach FL Zip Code: 33408

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: Richard DelGlander 1-10-02
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE P President
 NAME Susan M. Loren
 STREET ADDRESS 2947- Frenchman's Passage
 CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P President
 NAME RICHARD DELGLANDER
 STREET ADDRESS 524C NORTH LAKE BLVD
 CITY-ST-ZIP NORTH PALM BEACH, FL 33408

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

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-02 561-626-0965

CR2037 (5/01)