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Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90437 046 ***150.00

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000007864

1. Entity Name

ROBE TRIMMING INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
120 S CORTEZ CIRCLE T	120 CORTEZ CIRCLE T
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MARGATE, FLORIDA	City & State: MARGATE, FLORIDA
Zip: 33068 Country: USA	Zip: 33068 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0975304 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BECHARD, ROGER

Street Address (P.O. Box Number is Not Acceptable): 120 S CORTEZ CIRCLE T

City: MARGATE **FL** Zip Code: 33068

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D NAME BECHARD, ROGER STREET ADDRESS 120, S. CORTEZ CIRCLE T CITY-ST-ZIP MARGATE, FL 33068	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Roger Bechard 01/30/03 (954)970-2491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #