

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90121 017 ***150.00

03/26/03 AV

DOCUMENT # P00000030349

1. Entity Name
ST. CLAIRE CLOTHING COMPANY



Principal Place of Business
**6865 SUNRISE TERRACE
CORAL GABLES FL 33133**

Mailing Address
**6865 SUNRISE TERRACE
CORAL GABLES FL 33133**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0997101** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIS, AIMEE
6865 SUNRISE TERRACE
CORAL GABLES FL 33133**

7. Name and Address of New Registered Agent

Name
DOLLY D. MEDINA

Street Address (P.O. Box Number is Not Acceptable)
6865 SUNRISE TERRACE

City **CORAL GABLES** FL Zip Code **33133**

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 *Aimee J. Davis* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	DAVIS, AIMEE	
STREET ADDRESS	6865 SUNRISE TERRACE	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MEDINA, DOLLY	
STREET ADDRESS	6865 SUNRISE TERRACE	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLLY D. MEDINA	
STREET ADDRESS	6865 SUNRISE TELL.	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIMEE J. DAVIS	
STREET ADDRESS	6865 SUNRISE TELL	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dolly D. Medina* **REQUIRED** Date **3/18/03** Daytime Phone # **305-661-5395**

CR2E034 (10/02)