

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0997101**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

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

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*
Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
NAME **DAVIS, AIMEE**
STREET ADDRESS **6865 SUNRISE TERRACE**
CITY-ST-ZIP **CORAL GABLES FL 33133**

TITLE **PD** Change Addition
NAME **DOLLY D. MEDINA**
STREET ADDRESS **6865 SUNRISE TELL.**
CITY-ST-ZIP **CORAL GABLES FL 33133**

TITLE **VD** Delete
NAME **MEDINA, DOLLY**
STREET ADDRESS **6865 SUNRISE TERRACE**
CITY-ST-ZIP **CORAL GABLES FL 33133**

TITLE **VD.** Change Addition
NAME **AIMEE J. DAVIS**
STREET ADDRESS **6865 SUNRISE TELL**
CITY-ST-ZIP **CORAL GABLES FL 33133**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03
Date

305-661-5395
Daytime Phone #

CR2E034 (10/02)