

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

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 TERRACE**
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 TERRACE**
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**
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TITLE ☐ **Change** ☐ **Addition**
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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)