2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jun 19, 2001 8:00 am Secretary of State DOCUMENT # P0000039907 1. Entity Name 05-17-2001 91303 027 ***150.00 **BOOBS INCORPORATED** Principal Place of Business Mailing Address 10025 SW SETH STREET 10025 SW 56TH STREET MIAMI FL 33165 MIAMI FL 33165 12. 4827 77142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1003076 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RIOS, MIRIAM Street Address (P.O. Box Number is Not Acceptable) 10025 SW 56TH STREET **MIAMI FL 33165** Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Flagistered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing regulrement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12, MIRIAM KIOS - PRESURNI CR2E034 (10/00) ☐ Addition TITLE TITLE NAME NAME 10005 SW 56TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Mimi , FL 33/65 TITLE Delete TITLE Change ☐ Addition VIC-PRESIDENT NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP miami. Change ■ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CMY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 empswered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with a raddress, with all other like empowered. - FRESIDENT SIGNATURE:

FILED

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