FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91758 041 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000057887

1. Entity Name

EL HUARACHE CLOTHING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1696 OLD OKEECHOBEE RD	1696 OLD OKEECHOBEE RD
Suite, Apt. #, etc. 1-B	Suite, Apt. #, etc. 1-B
City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL
Zip 33409 Country	Zip 33409 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1016461 ☐ 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 CORPORATE CREATIONS ENTERPRISES, INC.

Street Address (P.O. Box Number is Not Acceptable) 941 FOURTH STREET #200

City MIAMI BEACH FL Zip Code 33139

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 ______________________ DATE

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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

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

11. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	MICHAEL SUMMERS	NAME	
STREET ADDRESS	1696 OLD OKEECHOBEE RD #1-B	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MICHAEL SUMMERS, PRES 5-1-02 (561)687-1117

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