2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 08:00 AM
Secretary of State

DOCUMENT # **P00000065236**

1. Entity Name
GREAT LOOK, INC.

Principal Place of Business	Mailing Address
1447 NW 156 AVE NORTH	1447 NW 156 AVE NORTH
PEMBROKE PINES FL 33028	PEMBROKE PINES FL 33028

2. Principal Place of Business	3. Mailing Address
GREAT LOOK INC.	
Suite, Apt. #, etc.: CARR. 172 DE CAGUAS A CIDRA #15B VILLA DEL	Suite, Apt. #, etc.
City & State: CAGUAS PR	City & State
Zip: 00725 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 52-2286719 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COVE ANDREW NESQ
3801 HOLLYWOOD BLVD STE 100
HOLLYWOOD FL
33021 US

7. Name and Address of New Registered Agent

Name

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

City **FL** 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 JULIO ABREU 04/16/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SANTIAGO-ABREU LUZ PO BOX 8375 HUMACAO, P.R. 00792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARTINEZ-ABREU MARYBEL 1447 NW 156 AVE NORTH PEMBROKE PINES FL 33028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ABREU JULIO 1447 NW 156 AVE NORTH PEMBROKE PINES FL 33028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Julio Abreu PD 04/16/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #