(10/6)

²2002 Uniform Business Report (UBR)

Apr 11, 2002 8:00 am P00000100169 DOCUMENT # **Secretary of State** 1. Entity Name DRESSING UP USA, CORP. 04-11-2002 90052 039 ***150 00 Principal Place of Business Mailing Address C/O. VICTOR ESCARPANTER C/O VICTOR ESCARPANTER 7075 CW AOTH CIDECT 7875 CW 407H CTREET - #217 MIAMI-FL-80155 MMALL FL-00155 2. Principal Place of Business 3. Mailing Address 210L NW-1240 COURT 2106 N.W. 22~lb. Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1050432 MOAM Da Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .PEREZ, JORGE -Street Address (P.O. Box Number is Not Acceptable) 10770 NW 66TH STREET #512 **MIAMI FL 33178** City 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 JITLE ☐ Delete ☐ Change TITLE ☐ Addition PEREZ, JORGE NAME NAME 10770 NW 66TH STREET #512 STREET ADDRESS STREET ADDRESS **MIAMI FL 33178** ¿CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filin indicated on this report or supplemental report is true and of the corporation or the receiver or trustale empowered. filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director educated this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 is changed, or on an attachment with SIGNATURE