2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000100335





1. Entity Nam A PINK P		INC.					05-02-2003 901 20 01	3 ****150.	00	
Principal Place of Business 1120 S. FEDERAL HWY. BOYNTON BEACH FL 33435			Mailing Address 1120 S. FEDERAL HWY. BOYNTON BEACH FL 33435							
2. Principal P	pal Place of Business 3. Mailing Address) (186) (186) (11 36) (1 86) (1 86) (1 86) (1 86)	fi nk fink (118)			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City & State			4.	65-1114573	Applied For Not Applicable		
Zip			Zip	<u> </u>		Fee Re		\$8.75 Add Fee Require		
	6. Name	and Address of Current	Registered Agent			7. [Name and Address of New Registered	Agent		
KYSIA, JA		or age.			Name Street Address	s (P.O. B	ox Number is Not Acceptable)			
	CARTES C N BEACH FL									
					City		FL	Zip Cod	e	
	ions of regist	ered agent.		ng its register	l ed office or regist	tered ag	ent, or both, in the State of Florida. I am		and accept	
	Signature, typed	or printed name of registered agent a	and title if applicable.	(NOTE: Registere	d Agent signature requi	ired when re	einstating) DATE			
` After	r May 1, 200	! FEE IS \$150.00 i3 Fee will be \$550.00 Florida Department of	State				. 9. Election Campaign Financing Trust Fund Contribution.		May Be d to Fees	
10. 4		OFFICERS AND	DIRECTORS	11.		ΑĒ	DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		EORGE E CEAN BLVD. DEACH FL 33487	☐ Delete		·			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NET K CARTES CIR. BEACH FL 33437	☐ Delete		,			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IARION CEAN BLVD. DBEACH FL 33487	☐ Delete		- (☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Deleta		L L			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	ET ADDRESS -ST-ZIP		119 07(3)(i) Florida Statutes i further ce	Change	Addition	

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:

Sign SIGNATURE AND TYPER OR PRINTED NAME OF SIGNING