2001 UNIFORM BUSINESS REPORT (UBR)

Jul 24, 2001 8:00 am DOCUMENT # P00000107970 Secretary of State 07-24-2001 90027 007 ***150.00 LOVELY AND SEXY BOUTIONE, CORP. Principal Place of Business Mailing Address 00059444 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 Not Applicable Zio 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 PADYANA CARVAJAL Street Address (P.O. Box Number is Not Acceptable) 145 E FLAGLER ST SVITE K-1 HIRMI, FL 33131 Zip Code FL 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: (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Dulete TITLE ☐ Change ☐ Addition DADYANA CARVAJAL r F FLAGLER ST SUITE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1013 Delete THE Change ☐ Addition HALIF NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP Detete ☐ Change ☐ Addition DAME NAME STREET ADDRECS STREET ADDRESS City-SI-ZiP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition DAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 empower at the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Date

Daytinie Phone #

changed, or on an attach

SIGNATURE: 人

FILED