2001 UNIFORM BUSINESS REPORT (UBR)

06-21-2001 90001 011 ***150.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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C097249

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000114966

1. Entity Name

TWO BLONDZ, INC.

Principal Place of Business	Mailing Address
16850 JOG RD. BOCA RATON FL 33446	16850 JOG RD. BOCA RATON FL 33446

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1060830 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
IOANNOU, MICHAEL J 2300 GLADES RD., #400 E. BOCA RATON FL 33431	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 _____
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	D ☐ Delete DUBIN, MADELINE 5778 NW 32ND TERRACE BOCA RATON FL 33498	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500004549025--2 -08/22/01--01062--025 *****400.00 *****400.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete HICKEN, JANET 6215 NW 43RD TERRACE BOCA RATON FL 33498	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Janet Hicken 6/5 561-495-9399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E024 (10/00)

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