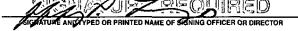
## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## May 01, 2003 8:00 am § Secretary of State P01000007136 DOCUMENT # 05-01-2003 90223 015 \*\*\*150.00 1. Entity Name NUTREND APPAREL & ACCESSORIES, INC. Principal Place of Business Mailing Address 1085 SW 15TH AVE 1085 SW 15TH AVE DELRAY BEACH FL 33444 DELRAY BEACH FL 33444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1069586 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.-Neme and Address of New Registered Agent. REED, CYNTHIA A Street Address (P.O. Box Number is Not Acceptable) 2000 GLADES ROAD STE 306 **BOCA RATON FL 33431** 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. I am familiar with, and accept the obligations of registered agent. SIGN:TURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing -\$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITI F NAME LONGO, JEFFREY P NAME STREET ADDRESS 1085 SW 15TH AVE STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33444** CITY-ST-ZIP TITLE D۷ □ Delete TITLE Change Addition IVES, ROLAND NAME NAME STREET ADDRESS STREET ADDRESS 1085 SW 15TH AVE CITY-ST-7IP CITY-ST-ZIP **DELRAY BEACH FL 33444** TITLE DST ☐ Delete TITLE ☐ Change Addition NAME LICONTI, LINDA NAME STREET ADDRESS 1085 SW 15TH AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **DELRAY BEACH FL 33444** TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 12. Thereby 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 10 or Block 11 if

CITY-ST-ZIP



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

**FILED**