FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90338 041 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000022139

1. Entity Name
STEWARDESS STORE, INC

DO NOT WRITE IN THIS SPACE

657710

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1323 SE 17TH ST	1323 SE 17TH ST
Suite, Apt. #, etc.: # 229	Suite, Apt. #, etc.: 229
City & State: FT LAUDERDALE FL	City & State: FT LAUDERDALE FL
Zip: 33316 Country:	Zip: 33316 Country:

4. FEI Number: 65-1079890 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ALICE KENOWER

Street Address (P.O. Box Number is Not Acceptable): 1323 SE 17TH ST #229

City: FT LAUDERDALE FL Zip Code: 33316

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]
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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRES
NAME	ALICE KENOWER
STREET ADDRESS	1323 SE 17TH ST #229
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

CR2E024B (12/01)

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

SIGNATURE: [signature] 4/28/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #