2003 FOR PROFIT CORPORATION

Mailing Address

18060 BISCAYNE BLVD

AVENTUREA FL 33160-2504

UNIFORM BUSINESS REPORT (UBR) P01000034449

1. Entity Name

DOCUMENT #

Principal Place of Business

AVENTUREA FL 33160-2504

18060 BISCAYNE BLVD

STUDIO ITALIA HAUT COUTURE, INC.



FILED May 21, 2003 8:00 am Secretary of State

05-21-2003 90391 001 ****50.00 05-21-2003 90391 002 ***500.00

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2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-1092172 Not Applicable Zip Country Zip 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 MARTHA OCAMPO ARIAS, MARIA P Street Address (P.O. Box Number is Not Acceptable) 18060 BISCAYNE BLVD 18060 Biscayne Blvd. **AVENTUREA FL 33160-2504** Zip Code City Aventura <u>33160</u> 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. SIGNATURE 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. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. D, P, S Ocamp, Martha Change Addition TITLE Delete TITLE ARIAS, MARIA P NAME NAME 18060 BISCAYNE BLVD |9517°FountaineBleau.Blvd. #22218 STREET ADDRESS STREET ADDRESS **AVENTUREA FL 33160-2504** CITY-ST-ZIP CITY-ST-ZIP Miami~~ , FL 33172 Change **★** Addition D TITLE Delete TITLE VALENCIA. VICTOR E NAME NAME Valencai, Cecilia Carrera 5A, #603 PASEO DE LOS GRANADOS #78 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAJICO D.F.: ZARZAL Valle, Columbia · - - ,.-TITLE Delete TITLE Change ☐ Addition NAME VALENCIA, DARIO NAME STREET ADDRESS STREET ADDRESS CARRERA 5A #603 CITY-ST-ZIP CITY-ST-ZIP ZARZAL VALLE COLUMBIA ☐ Delete TITLE ☐ Change ☐ Addition TITLE VALENCIA, JOSE WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS CARRERA 5A #603 CITY-ST-ZIP CITY-ST-ZIP azrzal valle columbia Change Addition Delete TITLE TITLE MAYORGA, JOSE A NAME NAME PROLONGACION DIVISION DEL NORTE 4470 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MEJICO DF ☐ Defete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 of 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 with all other like empowered.

SIGNATURE: