

2602 UNIFORM BUSINESS REPORT (UBR)

5/21

FILED
Jul 22, 2002 8:00 am
Secretary of State

05-28-2002 91526 047 ***150.00

DOCUMENT # P01000035480

1. Entity Name
E-BOUTIQUE, INC.

Principal Place of Business Mailing Address
6120 MIRAMAR PARKWAY 6120 MIRAMAR PARKWAY
SUITE 3 SUITE 3
MIRAMAR FL 33023 MIRAMAR FL 33023
US US

10.39078

2. Principal Place of Business 3. Mailing Address
6120 Miramar Parkway
 Suite, Apt. #, etc. Suite, Apt. #, etc.
3

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
MIRAMAR FL 33023 651094875 Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional
33023 Fee Required

6. Name and Address of Current Registered Agent

BRYANT, HOPELYN E
3399 FOXCROFT ROAD
APT 206
MIRAMAR FL 33025

7. Name and Address of New Registered Agent

Name **Hope Bryant**
 Street Address (P.O. Box Number is Not Acceptable)
3399 Foxcroft Rd
Miramar
 City **Miramar** FL Zip Code **33025**

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]** (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE **1/7/02**

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRYANT, HOPELYN E 6120 MIRAMAR PKWY, STE 3 MIRAMAR FL 33023 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 my name, with all other like empowered.

SIGNATURE: **[Signature]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/7/02** Daytime Phone # **(954) 986-0099**

CR260309(9/01)

Attachment
39078
P01000035480

July 11, 2002

E. BOUTIQUE
2029 Harrison St
Hollywood FL

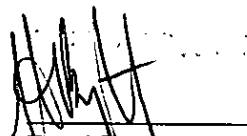
Att: Dept of State

Dear Dept of State:

Attached is the information you request. I apologize for the inconvenience this may cause.

If you need further information feel free to contact me at the address above.

Sincerely,


President