FILED
Jul 18, 2002 8:00 am
Secretary of State
05-27-2002 90275 007 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000037446

1. Entity Name
CUSTOM COLLECTION DCOTA, INC.

Principal Place of Business	Mailing Address
950 CORKWOOD STREET HOLLYWOOD FL 33019	950 CORKWOOD STREET HOLLYWOOD FL 33019

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1855 Griffin Rd	
Suite, Apt. #, etc. C-208	Suite, Apt. #, etc.
City & State DANIA, FLORIDA	City & State
Zip 33004 Country	Zip Country

4. FEI Number
65-1085451 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
MAVARES-MOLKO, MILAGROS 950 CORKWOOD STREET HOLLYWOOD FL 33019	Name: Douglas MAVARES Street Address (P.O. Box Number is Not Acceptable) 1855 GRIFFIN RD, SUITE C-208 City DANIA FL Zip Code 33004

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 _____ DATE
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD MAVARES, DOUGLAS 950 CORKWOOD STREET HOLLYWOOD FL 33019	☐ Delete	PTD MAVARES, Douglas 1855 Griffin Rd, Suite C-208 DANIA, FL 33004	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD MOLKO, MILAGROS M 950 CORKWOOD STREET HOLLYWOOD FL 33019	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3-18-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #