FILED
May 22, 2003 8:00 am
Secretary of State
04-28-2003 91475 045 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000068468

1. Entity Name
PAPER BOUTIQUE OF SOUTH MIAMI, INC.

DO NOT WRITE IN THIS SPACE

55043049

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2. Principal Place of Business	3. Mailing Address
7346 SW 57th Avenue	7347 SW 57th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: South Miami, Florida	City & State: South Miami Florida
Zip: 33143 Country: Miami	Zip: 33143 Country: Miami

4. FEI Number: 65-1122343 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: Eileen Q. Hellans
Street Address (P.O. Box Number is Not Acceptable): 6524 SW 114 PL # G
City: Miami FL Zip Code: 33173

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, 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	Director	TITLE	
NAME	Eileen Q. Hellams	NAME	
STREET ADDRESS	6524 SW 114 Pl. # G	STREET ADDRESS	
CITY-ST-ZIP	~~Miami Florida 33173~~	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (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: Eileen Q. Hellams — 04-25-2003 — 305-661-1449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #