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Secretary of State

05-20-2003 90067 002 ***150.00

5/20/

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000068963 (L)

1. Entity Name

Paula Bauz Inc
777 Riverside Drive
Suite 1533

Paula Bauz Inc
777 Riverside Drive #1533
Coral Springs Fl 33071

DO NOT WRITE IN THIS SPACE

[redacted]

55049738

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
777 Riverside Drive	777 Riverside Drive
Suite, Apt. #, etc. #1533	Suite, Apt. #, etc. #1533
City & State Coral Springs Fl 33071	City & State Coral Springs Fl
Zip 33071 / Country Broward	Zip 33071 / Country Broward

4. FEI Number 65-1118616 ☐ 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: Paula A. Bauz

Street Address (P.O. Box Number is Not Acceptable): 777 Riverside Drive #1533

City: Coral Springs FL Zip Code 33071

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: Paula Andrea Bauz 6/20/03

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

January 1 - May 1 Fee is $150.00. After May 1 Fee is $550.00. Amended UBR is $61.25. Make Check Payable to Florida Department of State.

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Paula, Bauz Director/President 777 Riverside Drive, Suite 1533 Coral Springs, Fl 33071
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Paula Andrea Bauz / Paula Andrea Bauz 5/15/03 (954)803-7444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #