FILED
Jul 02, 2002 8:00 am
Secretary of State
05-24-2002 91346 024 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000083956 ✓

1. Entity Name
TOTO ENTERPRISE APPAREL INC.

DO NOT WRITE IN THIS SPACE

37267

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2. Principal Place of Business	3. Mailing Address
HOME	1206 PINE RD
Suite, Apt. #, etc. 1206 PINE RD.	Suite, Apt. #, etc.
City & State W. P.B. FL.	City & State W P.B. FL.
Zip 33406 Country PALM BEACH	Zip 33406 Country PALM BEACH

4. FEI Number 65-1131012 ☐ 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 CATHERINE DOYLE

Street Address (P.O. Box Number is Not Acceptable) 1206 PINE RD.

City W. P. B. FL Zip Code 33406

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	PRESIDENT
NAME	MARTIN DOYLE
STREET ADDRESS	1206 PINE RD.
CITY-ST-ZIP	W. P.B. FL. 33406
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: Martin Doyle (MARTIN DOYLE) 5/8/02 (561)434-7778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #