2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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Mar 20, 2003 8:00 am § Secretary of State P01000084501 DOCUMENT # 1. Entity Name 03-20-2003 90161 012 ***150.00 ALLURE, INC. Principal Place of Business Mailing Address 20 W ATLANTIC AVE 20 W ATLANTIC AVE STE 102 **STE 102 DELRAY BEACH FL 33444 DELRAY BEACH FL 33444** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State 36-4465379 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required -7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **CUCCIA, CRISTINA** Street Address (P.O. Box Number is Not Acceptable) 20 W ATLANTIC AVE DELRAY BEACH FL 33444 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition TITLE ☐ Delete TITLE NAME CUCCIA, CRISTINA NAME STREET ADDRESS 20 W ATLANTIC AVE STE 102 STREET ADDRESS **DELRAY BEACH FL 33444** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE ST NAME REMI, OERTH NAME STREET ADDRESS 20 W ATLANTIC AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33444** ☐ Change ☐ Addition TITLE TITLE Delete _ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ■ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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