

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90312 014 \*\*\*150.00

**DOCUMENT # P01000114942**

1. Entity Name  
**STYLE TREND STUDIOS, INC.**



Principal Place of Business  
**7344 JOG ROAD  
LAKE WORTH FL 33467  
US**

Mailing Address  
**7344 JOG ROAD  
LAKE WORTH FL 33467  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **26-0037529**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLAIRE, ROBERT I  
5295 TOWN CENTER RD, THIRD FLOOR  
BOCA RATON FL 33486**

Name **Adam Smith, Esq.**  
Street Address (P.O. Box Number is Not Acceptable) **21000 North Military Trail**  
**Suite 125**  
City **Boca Raton** FL Zip Code **33431**

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 **A. H. Smith, Esq. (Adam H. Smith P.A.) President**

**3/28/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
NAME **LEVY, GAIL**  
STREET ADDRESS **7344 JOG ROAD**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **President: Director** ☒ Change ☐ Addition  
NAME **Levy, Gail**  
STREET ADDRESS **7344 JOG ROAD**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **ST** ☒ Delete  
NAME **CLAIRE, ROBERT**  
STREET ADDRESS **5295 TOWN CENTER RD, THIRD FLOOR**  
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Vice President & Secretary** ☐ Change ☒ Addition  
NAME **Greenberg, Charles**  
STREET ADDRESS **7344 JOG ROAD**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Charles Greenberg, Director & Secy** **3/29/03** **561 642 2666**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)