# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 12, 2003 8:00 am**
**Secretary of State**
05-12-2003 90232 006 ***150.00

DOCUMENT # P02000004758

10104050

1. Entity Name
PARIS COLLECTIONS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 520 BRICKELL KEY DR. SUITE 0-305<br>MIAMI FL 33131 | 520 BRICKELL KEY DR. SUITE 0-305<br>MIAMI FL 33131 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2980 Mc. FARLANE ROAD | 2980 Mc. FARLANE ROAD |
| Suite, Apt. #, etc.<br>SUITE # 210 | Suite, Apt. #, etc.<br>SUITE # 210 |
| City & State<br>COCONUT GROVE, MIAMI - FLORIDA | City & State<br>COCONUT GROVE, MIAMI - FLORIDA |
| Zip<br>33133 Country USA | Zip<br>33133 Country USA |

4. FEI Number 26-0037827 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| TRANSGLOBAL CORPORATE ADMINISTRATION, INC.<br>520 BRICKELL KEY DR, SUITE 0-305<br>MIAMI FL 33131 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL 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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LUNA, YOLANDA<br>520 BRICKELL KEY DR, SUITE 0-305<br>MIAMI FL 33131 | ☐ Delete | D<br>LUNA, YOLANDA<br>2980 Mc. FARLANE ROAD, SUITE # 210<br>COCONUT GROVE, MIAMI-FLORIDA 33133 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LUNA, WENDY C<br>520 BRICKELL KEY DR, SUITE 0-305<br>MIAMI FL 33131 | ☐ Delete | D<br>ACOSTA LUNA, WENDY C.<br>2980 Mc. FARLANE ROAD, SUITE # 210<br>COCONUT GROVE, MIAMI - FLORIDA 33133 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
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CR2E034 (10/02)

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

SIGNATURE: X _____ REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #