FILED

Jan 21, 2003 8:00 am

Secretary of State

01-21-2003 90113 046 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P02000009962 DOCUMENT

1. Entity Name

BLASCO FASHIONS, INC.



Principal Place of Business Mailing Address 251 NE 167TH STREET 251 NE 167TH STREET NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAYVICH, ANNA Street Address (P.O. Box Number is Not Acceptable) 251 NE 167TH STREET NORTH MIAMI BEACH FL 33162 City 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. 1 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE ☐ Change **X** Addition Oleg Rayvich NAME NAME ork Miami Beach, FL 33/62

That Ray vill

INF 167 street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE Miami Beach, FL 33162 CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIE CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information s

s filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information use and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director wered 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 attach vith all other like empowered SIGNATURE: ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

upplied v

ver or trus

indicated on this report or sup of the corporation or the received