## 2003 FOR PROFIT CORPORATION

## May 01, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000043915 DOCUMENT # 05-01-2003 90421 024 \*\*\*150.00 1. Entity Name CHLOE DESIGNZ INC Mailing Address Principal Place of Business 10281 NW 46 STREET 10281 NW 46 STREET MIAMI FL 33178 **MIAMI FL 33178** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State -0478401 45 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Same RICCOBON, MARIA C Street Address (P.O. Box Number is Not Acceptable) 10281 NW 46 STREET **MIAMI FL 33178** 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 4 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) F(LE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Change ☐ Addition ☐ Delete TITLE TITLE RICCOBON, MARIA C NAME NAME 10281 NW 46 ST STREET ADDRESS STREET ADDRESS **MIAMI FL 33178** CITY-ST-ZIP CITY-ST-ZIP Addition TITLE □ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition TITLE Delete NAME NAME\_ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Delete Change TITLE TITLE NAME NAME STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 emproperation or supplemental report is 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 attack h all øther like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICE

FILED