

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

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90115 026 ***150.00

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| DOCUMENT # P02000046410 |
| 1. Entity Name BEVERLY HILLS VESTIDOS DE BANO AND DESIGNS CORP. |

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| DO NOT WRITE IN THIS SPACE |
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| 2. Principal Place of Business 2100 PONCE DE LEON BLVD. Suite, Apt. #, etc. 600 City & State CORAL GABLES, FL Zip 33134 Country U.S.A. | 3. Mailing Address 2100 PONCE DE LEON BLVD. Suite, Apt. #, etc. 600 City & State CORAL GABLES, FL Zip 33134 Country U.S.A. |
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| DO NOT WRITE IN THIS SPACE | |
| 4. FEI Number 81-0604045 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| DO NOT WRITE IN THIS SPACE | 7. Name and Address of Current Registered Agent |
| | Name JORGE L. GURIAN |
| | Street Address (P.O. Box Number is Not Acceptable) 2100 PONCE DE LEON BLVD., #600 |
| | City CORAL GABLES FL Zip Code 33134 |

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| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |
| DATE _____ |

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| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | | |
|---|---|---|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSD MARTINEZ, CARMEN BELISA 2100 PONCE DE LEON BLVD. #600 CORAL GABLES, FL 33134 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| 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 on an attachment with an address, with all other like empowered. | |
| SIGNATURE: <u>Carmen B. Martinez</u> CARMEN BELIZA MARTINEZ | 03/26/03 305-279-4101 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date Daytime Phone #</small> |