2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT AUBRY

1. Entity Name

DOCUMENT #

L'ATELIER BY HUGO ESPINA, INC.

P02000051743

Principal Place of Business Mailing Address 5513 COLLINS AVENUE 555 NORTHEAST 15TH STREET APT, 1109 MIAMI FL 33131 MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address 2355 SALZEDO ST SALZEDO ST Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 2-0636623 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, NANCY C 555 NORTHEAST 15TH STREET SUITE 100 **MIAMI FL 33131** 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. the obligations of regis SIGNATURE 4 Tapplicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition ☐ Delete ESPINA, HUGO NAME NAME 5313 Colling Ave a 5513 COLLINS AVENUE, APT. 1109 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITL F NAME ESPINA, CLARET NAME 5313 Collus que aft 1109 MIAMI Deach H 33140 5513 COLLINS AVENUE, APT. 1109 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TIT) F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Daytime Phone #

☐ Change

Addition

FILED

08-08-2003 90094 037 ***150.00

Aug 08, 2003 8:00 am Secretary of State

L' ATELIER BY HUGO ESPINA 2355 SALZEDO STREET SUITE 315 SUITE 315. CORAL GABLES. FL 33134

MIAMI., AUGUST 4TH 2003

DIVISION OF CORPORATIONS.

REF. DOCUMENT #. P02000051743

DEAR SIR MDAM,

PLEASE NOTE THAT THE RENEWAL DOCUMENT FOR THIS CORPORATION IN REFERENCE WAS NEVER RECEIVED BY MY ON TIME. . AS YOU SEE THE ADDRESS IS INCORRECT IN THE DOCUMENT ATTACHED.

THANKS FOR YOUR COOPERATION.

PRESIDENT