

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90149 041 ***150.00

DOCUMENT # P02000063912

1. Entity Name
MARY CARMEN COUTURE, INC.



Principal Place of Business
7921 SW 40 STREET
SPACE #43
MIAMI FL 33155

Mailing Address
7921 SW 40 STREET
SPACE #43
MIAMI FL 33155



2. Principal Place of Business

3. Mailing Address

7921 SW 40 Street

7921 SW 40 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Space 43

Space 43

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

33155

Dade

33155

Country

Dade

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

75-3067278

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

GARCIA, PATRICIA

9191 FOUNTAINBLEAU BLVD. #4

MIAMI FL 33172

Name

Street Address (P.O. Box Number is Not Acceptable)

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

3-20-03

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 | D | <input type="checkbox"/> Delete |
| NAME | GARCIA, PATRICIA | |
| STREET ADDRESS | 9191 FOUNTAINBLEAU BLVD. #4 | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GARCIA, CAROLINA | |
| STREET ADDRESS | 9191 FOUNTAINBLEAU BLVD. #4 | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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, without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-03

Date

Daytime Phone #

CR2E034 (10/02)