2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000080088

DOCUMENT # 1. Entity Name

CHERISH COLLECTIONS, INC.



03-31-2003 90170 043 ***150.00

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1ar 31, 2003 8:00 am	200
Secretary of State	
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Principal Place of Business 5760 DEWITT PLACE LAKE WORTH FL 33463			Mailing Address 5760 DEWITT PLACE LAKE WORTH FL 33463							
2. Principal P	Place of Busine	ss	3. Mailir	ng Address			_			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State				4.	FEI Number Applied For 54 - 20 6 3 6 7 5 Not Applicable			
Zip Country		Zip	Zip Country		itry	5. Certificate of Status Desired				
	6. Name a	ind Address of Curren	Registered	Agent		l	7.	Name and Address of New Registered Agent		
•				F	-	Name		المنافعة الم		
VARGAS, DANILO 5760 DEWITT PLACE					Street Address	ess (P.O. Box Number is Not Acceptable)				
LAKE WO	RTH FL 3346	33								
					•	City		FL Zip Code		
	named entity tions of register		or the purpos	se of changing its	registere	ed office or registe	ered ag	gent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE .	Signature typed or	printed name of digistered agen	t and title if applic	able (NOTE	· Registere	d Agent signature require	ad when r	reinstating) DATE		
<u>.</u>) Tand the H applica	(1072	. Trogistore	C Agent signatura require		Drit Drit		
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department o	of State					9. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees		
10.		OFFICERS AND	DIRECTOR	S	11.		AC	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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NAME	VARGAS, D				NAM	E				
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NING OFFICER OR DIRECTOR

561-967-4289