2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000083970

1. Entity Name

VIVALIN STYLE, INC.



Apr 21, 2003 8:00 am \$ Secretary of State . **FILED**

04-21-2003 90339 032 ***150.00

TIVA: HT OTTEE, HTO.								
8708-TREASL	pe of Business INE-GAY BEACH RL 33411	Mailing Address - 8709 TREASURE GAY WEST PALM BEACH FL 33411				T TRÀNCAS UN ABNA MAN ABUM BANK B		10 1 11
2. Principal Place of Business 8 480 OKELCHOBEL, #3 Suite, Apt. #, etc.		3. Mailing Address 8 480 OKEL CHOBEL, #3 Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & Stat WEST	PALM BEACH, FL		m BEAG	+, FL		FEI Number 16 - 16 22 0 1 5	N	pplied For ot Applicable
Zip 334 1	Marm BEACH	33411	Cour PA 2	ntry M BEACH	5 .	Certificate of Status Desired	See Require	
	6. Name and Address of Current	Registered Agent	 	Name	7.	Name and Address of New Reg	stered Agent	
FIELDS, P 7711 NOF SUITE 101 PALM BE/	Street Address (P.D. Box Number is Not Acceptable) 1/2/11 PROSPERTY ROAD, #C-30/1 . DALM BEACH GARDENS FL Zip Code 3.34/0							
	named entity submits this statement fo	r the purpose of cha	nging its register	ed office or regi	istered a	gent, or both, in the State of Florida	<u> </u>	and accept
SIGNATURE .	· ·				•			
	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Registere	d Agent signature rec	quired when	reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financ Trust Fund Contribution.		00 May Be d to Fees
10.	OFFICERS AND		11.		. Al	DDITIONS/CHANGES TO OFFICE		S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	D BUZANIS, GLORIA 157 BRANDON COURT PALATINE IL 60067	□ Del	· NAM STRE	F	9480 Dest	O TREASURE CAY PAIM BEACH, F	C Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTA, JAMES 8707 TREASURE CAY W PALM BEACH FL 33411	□ Del	NAM Stre	E		•	☐ Change	☐ Addition
TITLE	D	☐ Del		ſ	•		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	VONFELD, MICHELLE 230 NEW CANNAN AVENUE NORWALK CT 06850		STRE	ET ADDRESS - ST- ZIP		and the second s		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Del	NAMI STRE				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Del	NAMI STRE			-	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Deli	NAME STRE				☐ Change	Addition

I hereby certify that the information supplied with this filling 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 agraddress, with all other like empowered.

SIGNATURE: