

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91774 008 ***150.00

DOCUMENT # **P02 000/00583**

1. Entity Name

71ST STREET BOUTIQUE & ALTERATIONS, INC.



DO NOT WRITE IN THIS SPACE

11040993

2. Principal Place of Business

7801 S.W. 24 STREET

3. Mailing Address

7801 S.W. 24 STREET

Suite, Apt. #, etc.

SUITE #107

Suite, Apt. #, etc.

SUITE #107

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33155

Country

Zip

33155

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3712832

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

DIAS, IZAURA

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

7801 S.W. 24 ST #107

City

MIAMI

FL

Zip Code

33155

**DO NOT WRITE
IN THIS SPACE**

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/03

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.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST D
NAME	IZAURA DIAS
STREET ADDRESS	7801 S.W. 24 ST #107
CITY - ST - ZIP	MIAMI, FL. 33155
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 (305) 868-3177
Date Daytime Phone #

CR2E034B (12/02)