

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-04-2003 90106 035 ***150.00

2/4

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000102723

1. Entity Name
SENSE OF STYLE INCORPORATED



Principal Place of Business
3735 PICCADILLY STREET
HOLLYWOOD FL 33021

Mailing Address
3735 PICCADILLY STREET
HOLLYWOOD FL 33021



2. Principal Place of Business
3015 NW 79th St
Suite, Apt. #, etc.
Miami Beach FL 33147
City & State
Miami FL
Zip
33147
Country
USA

3. Mailing Address
3735 Piccadilly St
Suite, Apt. #, etc.
Hollywood FL 33021
City & State
Hollywood FL
Zip
33021
Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
22-3812408
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAKNIN, DORON
3735 PICCADILLY STREET
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

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 Doron Vaknin
Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/27/03
DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
president
Doron Vaknin
3735 Piccadilly St
Hollywood, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
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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: SIGNATURE REQUIRED Doron Vaknin 01/27/03 954-888-3322
Signature and typed or printed name of signing officer or director
Date
Daytime Phone #

CR2E034 (10/02)