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

## May 05, 2003 8:00 am Secretary of State P02000118207 DOCUMENT # 05-05-2003 91412 007 \*\*\*150.00 JULIET PAPA FOX. INC. Mailing Address Principal Place of Business 10205 COLLINS AVE STE #808 -10205-COLLINS AVE STE #808 BAL HARBOUR FL 33154 -BAL-HARBOUR FL 33154 3. Mailing Address 4/01 Railing Swood 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc TI CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For Not Applicable Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOFFMAN, COREY E Street Address (P.O. Box Number is Not Acceptable) 3250 MARY ST STE 303 **COCONUT GROVE FL 33133** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees eck Payable to Florida Department of State Make: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE Change TITLE ☐ Delete FARGEON, PIERRE NAME NAME 10205 COLLINS AVE STE #808 STREET ADDRESS STREET ADDRESS **BAL HARBOUR FL 33154** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE NAME FARGEON, PIERRE NAME 10205 COLLINS AVE STE #808 STREET ADDRESS STREET ADDRESS **BAL HARBOUR FL 33154** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 of supplemental report is true and accurate and first 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 eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

of the corporation or the changed, or on an attac

SIGNATURE: