

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91019 033 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000034829
1. Entity Name GEO EXOTIC LOOK, INC.

DO NOT WRITE IN THIS SPACE

94081618

2. Principal Place of Business 3300 NE 191 STREET Suite, Apt. #, etc. BLDG 2, APT 1017 City & State AVENTURA, FL Zip 33180	3. Mailing Address 3300 NE 191 STREET Suite, Apt. #, etc. BLDG 2, APT 1017 City & State AVENTURA, FL Zip 33180
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DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0558980	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name TAL, EREZ	
Street Address (P.O. Box Number is Not Acceptable) 3300 NE 191 STREET BLDG 2, APT 1017 City AVENTURA	
FL	Zip Code 33180

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	DP TAL, EREZ 3300 NE 191 STREET AVENTURA, FL 33180
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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)(l), 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: X EREZ TAL EREZ TAL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/04 786-6832486