2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P93 00000 5985 May 14, 2001 8:00 am 1. Entity Name BONNIE BAGNASCO Secretary of State Wallpaper Boutique 05-14-2001 90248 008 ***150.00 Deer Field Beach Florida 33441 Principal Place of Business Mailing Address Wallpaper Boutique 778 S. Federal 4wg. A !! !! D D D D U 4 4 DeerField Beach FL. 33441 2. Principal Place of Business 3. Mailing Address 778 S. Federal Hwy Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 650383384 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ema, Christopher Esq. Name MACLEAN AND EME ES q. 2400 NE 14th ST. Causeway Street Address (P.O. Box Number is Not Acceptable) Pompano Beach Florida 33062 Zia 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ■ Addition BAGNASCO, BONNIE ☐ Chance Delete APT ALIS NE 42 NOCT NOVE BIRG 101 STREET ADDRESS STREET ADDRESS Lighthouse Point FL. 33064 CITY-ST-ZIP CITY-ST-ZIE Addition Change ☐ Ωelele TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE. Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. DONNIC Оручити Ятило **я** SIGNATURE AND TYPED OR PRIN