

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90165 028 ***150.00

DOCUMENT # P93000046185

1. Entity Name
TRES CHIC EVENTS, INC.



Principal Place of Business
**9228 ARBORWOOD CIR
DAVIE FL 33328
US**

Mailing Address
**9228 ARBORWOOD CIR
DAVIE FL 33328
US**



2. Principal Place of Business
190 Cypress Trace
Suite, Apt. #, etc.

3. Mailing Address
190 Cypress Trace
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
West Palm Beach, FL
Zip
33411
Country
USA

City & State
West Palm Beach, FL
Zip
33411
Country
USA

4. FEI Number
65-0453926

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROTMAN, ANN
9228 ARBORWOOD CIR
DAVIE FL 33328**

**190 Cypress Chase
West Palm Beach, FL
33411**

Name
ANN Rotman
Street Address (P.O. Box Number is Not Acceptable)
**190 Cypress Trace
West Palm Beach**
City
FL Zip Code
33411

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 **Ann Rotman**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/21/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
ROTMAN, ANN
9228 ARBORWOOD CIR.
DAVIE FL 33328** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
ROTMAN, ANN
190 Cypress Trace
West Palm Beach, FL 33411** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

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: **Ann Rotman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03 **561 204 5481**
Date Daytime Phone #

CR2E034 (10/02)