

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90025 007 ***150.00

DOCUMENT # P94000011192

1. Entity Name
SWEDISH EXCLUSIVE, INC.

Principal Place of Business

**14428 S.W. 111 TERRACE
 MIAMI FL 33186**

Mailing Address

**14428 S.W. 111 TERRACE
 MIAMI FL 33186**

2. Principal Place of Business

6305 SW 120 AVE

Suite, Apt. #, etc.
MIAMI

City & State
Florida

Zip
33183

Country
US

3. Mailing Address

6305 SW 120 AVE

Suite, Apt. #, etc.

City & State
Miami Florida

Zip
33183

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0466349

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WEDENMARK, LENA
 14428 S.W. 111 TERRACE
 MIAMI FL 33186**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **WEDENMARK, LENA**
 STREET ADDRESS **14428 S.W. 111 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **WEDENMARK LENA**
 STREET ADDRESS **6305 SW 120 AVE**
 CITY-ST-ZIP **MIAMI, FL 33183**

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

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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **LENA WEDENMARK**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02
 Date

305-498-1567
 Daytime Phone #

CR2E034 (9/01)