FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 16, 2002 8:00 am Secretary of State DOCUMENT # P94000048280 1. Entity Name 05-16-2002 90017 037 ***158.75 CLOTHES R US, INC. Principal Place of Business Mailing Address 7369 NW 8TH STREET 7369 NW 8TH STREET MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address 7331 NW 7331 NW ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 3 65-0504314 MIAMI MIAMI Not Applicable Country USA \$8.75 Additional 33126 33126 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DATWANI-AJIT Datwani, ajit Street Address (P.O. Box Number is Not Acceptable) 7369 NW 8TH STREET 7331 NW 73 ST MIAMI FL 33126 Zip_Code MIAMI 33126 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) 9. This corporation is digible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE Change Addition DATWANI NAME DATWANI, AJIT NAME 751 7331 NW 7369 NW 8TH STREET STREET ADDRESS STREET ADDRESS 33126 MIAMI FL 33126 CITY-ST-ZIP CITY-ST-ZIP MAMI TITLE Delete TITLE Change ☐ Addition MANJU DATWANI NAME DATWANI, MANJU NAME 7 ST 7331 NW STREET ADDRESS 7369 NW 8TH STREET STREET ADDRESS 33126 CITY-ST-ZIP **MIAMI FL 33126** CITY-ST-ZIP MIRMI Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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. SECRETARY 4/24/02 COOLER DATWAND MANTU

Daytime Phone #

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR