2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 11, 2002 8:00 am Secretary of State

05-09-2002 90027 004 ***150.00

DOCUMENT #--- P94000077674

1. Entity Name

FREDERIC'S HOLDINGS, INC.

Principal Place of Business Mailing Address 4930 NW 11ST 4930 NW 11ST LAUDERHILL FL 33313 US

34772

LAUDERHILL FL 33313 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 26-6956623 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name rend Brenda Féderic 4930 NW 115th ARSENE, FREDERIC Street Address (P.O. Box Number is Not Acceptable) 4930 NW 11TH STREET FORT LAUDERDALE FL 33313 City Lauderhill 313 8. The above named only 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition CR2E034 (9/01 NAME FREDERIC, ARSENE NAME STREET ADDRESS 4930 N.W. 11TH STREET STREET ADDRESS CITY-ST-7IF LAUDERHILL FL 33313 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME FREDERIC, ARSENE NAME STREET ADDRESS 4930 NW 11ST STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP L'AUDERHILL FL 33313 TITLE Delete Addition ☐ Changé ARSENETRE, ERIC NAME STREET ADDRESS 4930 N W 11 STREET STREET ADDRESS CITY: ST-ZIP FORT LAUDERDALE FL 33313-CITY-ST-ZIP TITLE ☐ Delete ☐ Chance ☐ Addition 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

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 of 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 of the corporation of the received changed, or on an attachment

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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