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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name P96000060876 (5)

PS LOVE U, INC.

FILED Apr 10 1997 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		· · · · · · · · · · · · · · · · · · ·					
Principal Place of Business Mailing Address 21402 WEST DIXIE HIGHWAY 21402 WEST DIXIE HIGHWAY MIAMI FL 33180 MIAMI FL 33180-1144									
					3. Date Incorp 07/19/19	orated or Qualified	3a. Date of L	ast Repo	ort
	ane of Business	2a. Mailing Address			4. FEI Number	101.29		Applie	
21 Suite, Apt	# ote	Suite, Apt. #, etc.			63-6	1681011			pplicable
22		27			5. Certificate o	f Status Desired	4	. 75 Add ee Requi	
City & State 23	e	City & State			6. Election Car Trust Fund (mpaign Financing		.00 Ma	
Zip	Country	Zip .	Cou	ntry		ation has hability for in	 		
24	25	29	30		Florida Stati	ıtes 🗜	Yes No		
	9. Name and Address of Current	Registered Agent		61 Name	10. Name and	Address of New Rec	gistered Agent		
	RLAND, JAMES A ESQ.			81 Name	BERNA	nd MRE	SSLER		
	N.W. 165TH STREET NTHOUSE 4, CITICENTRE			82 Street Add	les (P.O. Box Nun	ber is Not acceptab	(e) H		
	MI FL 33169		į	83	011		11-0-7	,,	
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				B4 City	imiami /	sch	FL 85	770	PO
11. Pursuant	to the provise is of Sections 607,0502 registered tent, or both in the state of im family with, and a cept the obliga	and 607.1508, Florida Sta	tutes, the al	ove-named cor	poration submits thi	s statement for the p	urpose of chang	ing its re	gistered
agent La	egistered fent, or boy, in the state of the many with, and a cept the obligation	tions of, Section 647.0505,	Florida Stat	utes.	lition's board or direc	ctors. I nereby accep	ot the appointme	int as reg	jistered
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SIGNATURE	The Man	BEAN	sade	1) RESS	er vy		4/3/1	7	
		d and tinc if applicable (f	SHAC IOTE: Registered	D AG SS C	lred when reinstating)		9/3/7	27000	
12.	OFFICERS AND	el and title if applicable (f) DIRECTORS	SAAC NOTE: Registered 13.	d Agent signatura requ	lred when reinstating)	CHANGES TO OFFIC			
12. MU	OFFICERS AND PD	d and tinc if applicable (f	5 14 /2 d. 40TE: Registered 13. 1.1 Ti	d Agent signature requ	lred when reinstating)		DATE ERS AND DIRECT		
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12. THEF NAME STREET ADDRESS	OFFICERS AND PD RAVEDE, SUSAN 21402 WEST DIXIE HIGHWAY	el and title if applicable (f) DIRECTORS	5 4 Ad NOTE: Registered 13. 1.1 Ti 12 N/ 1.3 ST	d Agent signature required the state of the	lred when reinstating)				
12. DILE NAME SUREEL ADDRESS CITY SE 7/P	OFFICERS AND PD RAVEDE, SUSAN	el and title if applicable (f) DIRECTORS	5 4 Ad NOTE: Registered 13. 1.1 Ti 12 N/ 1.3 ST	J Agent signature required to the signature	lred when reinstating)		□ Ch	ange _	Addition
DITEF NAME STREET ADDRESS CITY (ST. 74P	OFFICERS AND PD RAVEDE, SUSAN 21402 WEST DIXIE HIGHWAY MIAMI FL 33180	d and the if applicable (r D DIRECTORS DELETE	JOTE: Registered 13. 1.1 Ti 12 N/ 1.3 ST 1.4 Ci	J Agent signature required. ILE AME REET ADDRESS IY-ST-ZIP ILE	lred when reinstating)		□ Ch	ange _	Addition
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