

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90139 047 ***158.75

DOCUMENT # P96000067224

1. Entity Name

THINKING IN STYLE, INC.

Principal Place of Business

332 MIRACLE MILE
CORAL GABLES FL 33134
US

Mailing Address

332 MIRACLE MILE
CORAL GABLES FL 33134
US

2. Principal Place of Business

359 miracle mile

Suite, Apt. #, etc.

3. Mailing Address

359 miracle mile

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Gables FL 33134

City & State

Coral Gables, FL

4. FEI Number

65-0739677

Applied For

Not Applicable

Zip

Country

33134 U.S.A.

Zip

Country

33134 U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARANGO, ANNA C
332 MIRACLE MILE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Anna Cristina Gort

Street Address (P.O. Box Number is Not Acceptable)

359 Miracle mile

City

Coral Gables

FL

Zip Code

33134

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 Anna Cristina Gort Anna Cristina Gort 1/17/01
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, 2001 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	<input type="checkbox"/> Delete
NAME	ARANGO, ANNA C	
STREET ADDRESS	2208 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anna Cristina Gort	
STREET ADDRESS	359 miracle mile	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

I got married,
and moved to
a new location.
my new last
name is Gort

13. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature is of the corporation or the receiver or trustee empowered to execute this report as required by law, or on an attachment with an address, with all other like empowered.

Information
licer or director
11 or Block 12 if

SIGNATURE Anna Cristina Gort President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/01 305-476-8755
Date Daytime Phone #

CR2E034 (10/00)