2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

CORAL GABLES FL 33134

359 MIRALCE MILE

U\$

P96000067224

Mailing Address

359 MIRALCE MILE

CORAL GABLES FL 33134

1. Entity Name

THINKING IN STYLE, INC.



FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90167 050 ***150.00

ううりりつファフ

Principal Place of Business 3. Mailing Address						- I LOGITUDE TILO FRITAR BYLLY OBJET BOSTEL BREITH BELLE BLEITH FEBRUA FIREID F			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Sta	te	City & State 4. FEI Number 65-0739677 Applied For Not Applicable							
Zip Country Zip		Cour	Country		Certificate of Status Desired	\$8.75 Additional			
	6. Name and Address of Curren	Registered Agent			7. 1	Name and Address of New Registere	d Agent		
GORT, AN	NNA C.			Name					
359 MIRALCE MILE				Street Address (P.O. Box Number is Not Acceptable)					
	ABLES FL 33134								
COUNT O	ADEES FE 33134								
				City		. F	Zip Co	de	
8 The above	a named entity submits this statement if	or the nursens of chance	ring its register	d office or read	torad and	ent, or both, in the State of Florida. I ar	- i		
the obligat	tions of registered agent.	or the purpose of charg	ang its registere	ed office or regis	stered age	ent, or both, in the State of Florida. Tar	n tamiliar witr	i, and accept	
-									
SIGNATURE	Signature, typed or printed name of registered agen		4,075.0						
	Signature, typed or printed name of registered agen	and title if applicable.	(NOTE: Registere	d Agent signature requ	ired when re	instating) DATE		•	
· F	ILE NOW!!! FEE IS \$150.00					6 Flooring Compains Financian	A -		
	r May 1, 2003 Fee will be \$550.00]				 Election Campaign Financing Trust Fund Contribution. 		.00 May Be ed to Fees	
Make Check	k Payable to Florida Department (of State				nust i una contribution.	Li Adde	su to rees	
10.	OFFICERS AND	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	RS IN 11	
TITLE	PD	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	GORT, ANNA C	— - 	NAM	.					
STREET ADDRESS	359 MIRALCE MILE		STRE	ET ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY	-ST-ZIP	•				
FITLE	·	☐ Delete	TITLE				Change	Addition	
NAME			NAM						
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP			CITY	ST-ZIP					
TITLE		☐ Delete	TITLE	2 T = 1		ertigin y a	Change	Addition	
NAME			NAME	l l			onango		
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME		_ 00.00	NAME				Cridings		
STREET ADDRESS			STREE	ET ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP				1	
TTLE		Delete	THTLE	1		·	Change	☐ Addition	
IAME		50,00	NAME				c.i.a.igo		
STREET ADDRESS			STREE	T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
ITLE	-	☐ Delete	TITLE				☐ Change	☐ Addition	
IAME			NAME						
TREET ADDRESS			STREE	T ADDRESS					
CITY-ST-ZIP	,		CITY-	ST-ZIP					
2. I hereby coindicated	ertify that the information supplied with on this report or supplemental report is	n this filing does not qua s true and accurate and	alify for the exer that my signate	nption stated in ure shall have th	Section 1 e same le	19.07(3)(i), Florida Statutes. I further ca	ertify that the am an office	information r or director	

trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empowered to execute this report a changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #