FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059416
Entity Name ALTERATIONS BY STELLA INC

FILED
03 MAY -1 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
3770 16TH ST N	SAME	
Suite, Apt. #, etc.	Suite, Apt.# etc.	
City & State: ST PETERSBURG FL	City & State	4. FEI Number: 59-3457050 ☐ Applied For ☐ Not Applicable
Zip: 33704 Country: FINLAND	Zip Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BUITRAGO, STELLA
Street Address (P.O. Box Number is Not Acceptable): 535 26th AVENUE, NORTH
City: ST. PETERSBURG FL Zip Code: 33704

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT STELLA BUITRAGO 535 26TH AVENUE NORTH ST PETERSBURG FL 33704	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800021768598 07/24/03--01064--007 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800021768598 07/24/03--01064--008 **150.00
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CR2E034B (12/02)

2. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Stella Buitrago 4/23/03 (727) 521-4565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #