FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 17, 2002 8:00 am § Secretary of State **DOCUMENT #** P97000065723 1. Entity Name TIGERTAIL CLOTHING, INC. 05-17-2002 90010 007 ***150 00 Principal Place of Business Mailing Address O/O-MANELLA & KLAPHOLZ: LLP-C/O-MANELLA &-KLAPHOLZ. TLLP 2500 HOLLYWOOD BLVD SUITE 212 2500 HOLLYWOOD BLVD SUITE 212 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address <u>2040 Tigertail Blvd</u> 2040 Tigertail Blvd Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ecich. Danki 65-0775003 Dania *BClich* Not Applicable 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 KLAPHOLZ, JOSEPH P C/O MANELLA & KLAPHOLZ, LLP 2500 HOLLYWOOD BLVD SUITE 212 HOLLYWOOD FL 33020 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. TE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PVST** ☐ Delete TITLE **D**-Change ☐ Addition NAME MOSES, AARON H Aaron Moses NAME STREET ADDRESS 2040-C Tigertail BIVA 2500 HOLLYWOOD BLVD SUITE 212 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP Dania Beach, Fiz TITLE ☐ Delete TITLE ☐ Change Addition NAME Joel Brauser NAME 2040-C Tigertail Blvd STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP

13. Thereby 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 11 or Block 12 if

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Change

☐ Change

Addition

Addition

CR2E034 (9/01