2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000084722** May 08, 2000 8:00 am Secretary of State EUROPEAN TAILOR, INC. 05-08-2000 90031 043 ***150.00 Principal Place of Business Mailing Address SHOPPES AT OAKLAND PARK (PLAZA) SHOPPES AT OAKLAND PARK (PLAZA) 7204 WEST OAKLAND PARK BOULEVARD 7204 WEST OAKLAND PARK BOULEVARD LAUDERHILL FL 33313-1041 LAUDERHILL FL 33313 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0800685 Not Applicable Country \$8.75 Additional Zio Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **GOLDSTEIN. EDOUARD** Street Address (P.O. Box Number is Not Acceptable) SHOPPES AT OAKLAND PARK (PLAZA) 7204 WEST OAKLAND PARK BOULEVARD LAUDERHILL FL 33313 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE ☐ Delete TITLE **GOLDSTEIN, EDOUARD** NAME NAME STREET ADDRESS STREET ADDRESS 7204 WEST OAKLAND PARK BOULEVARD CITY-ST-ZIP LAUDERHILL FL 33313 CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE YELENCHAK, LUDMILA NAME STREET ADDRESS 7204 W. OAKLAND PARK BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDER HILL FL 33313 -[] Addition -🗀 r Change r Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ADDRESS

☐ Delete