

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103792

1. Entity Name

PAULETT CREATIONS, INC.

FILED

01 SEP 10 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1840 WEST 49TH STREET
SUITE 605
HAIALEAH FL 33012

Mailing Address

2333 BRICKELL AVENUE
MEZZANINE SUITE
MIAMI FL 33129

2. Principal Place of Business

13323 S.W. 42 Street

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33175

Country

U.S.A.

Zip

Country

4. FEI Number

65-0802773

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENAO, GABRIEL
10610 SW 146 AVENUE
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

MIRIAM ORTEGA

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

13323 S. W. 42 Street

City

MIAMI

FL

Zip Code
33175

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HENAO, GABRIEL 7420 SW 153 CT. SUITE 101 MIAMI FL 33193-1737 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRUJILLO, JUAN CARLOS 7420 SW 153 CT. SUITE 101 MIAMI FL 33193-1737 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSSO, PAULINA 7420 SW 153 CT. SUITE 101 MIAMI FL 33193-1737 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTEGA, MYRIAM J 7420 SW 153 CT. SUITE 101 MIAMI FL 33193-1737 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD, VICE-PRESIDENT TRUJILLO, JUAN CARLOS 13323 S.W. 42 STREET MIAMI, FLORIDA 33175 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSSO, PAULINA 13323 S.W. 42 STREET MIAMI, FLORIDA 33175 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTEGA, MIRIAM 13323 S.W. 42 STREET MIAMI, FLORIDA 33175 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, or in all other like empowered.

*Doc should not have been
rejected. RIA change filed
2/12/01*

[Signature]

27-27-21 (205) 772-5293