

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90199 041 ***150.00

DOCUMENT # P97000103792

1. Entity Name
PAULETT CREATIONS, INC.



Principal Place of Business
**13323 S.W. 42 STREET
MIAMI FL 33175**

Mailing Address
**13323 S.W. 42 STREET
MIAMI FL 33175**

2. Principal Place of Business

3. Mailing Address

12350 SW 132 CT # 207
Suite, Apt. #, etc. **N/A**

12350 SW 132 CT # 207
Suite, Apt. #, etc.

City & State **MIAMI, FL.**

City & State **MIAMI, FL.**

Zip **33186** Country **U.S.A.**

Zip Country **U.S.A.**

4. FEI Number **65-0802773** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ORTEGA, MIRIAM
13323 SW 42 STREET
MIAMI FL 33175**

Name **ORTEGA, MIRIAM**
Street Address (P.O. Box Number is Not Acceptable) **12350 SW 132 CT SUITE 207**
City **MIAMI** FL Zip Code **33186**

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

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDVP	<input type="checkbox"/> Delete
NAME	TRUJILLO, JUAN CARLOS	
STREET ADDRESS	13323 S.W. 42 STREET	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSSO, PAULINA	
STREET ADDRESS	13323 S.W. 42 STREET	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORTEGA, MIRIAM	
STREET ADDRESS	13323 S.W. 42 STREET	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/03
Date

Daytime Phone #

CR2E034 (10/02)