2001	UNIFO	RM BUSII	NESS REPO	RT	(UBR)		FILE	\mathbf{D}		0061899
1. Entity Name		P97000 ENT GALLERY	0106940 co. inc.		Sep 18, 2001 8:00 Secretary of Stat 09-18-2001 90015 013 ***150.00				te	399 AV
Principal Place TIME SQUARE 3038 N. FEDER FT LAUDERDAL	al Highway Suite	G	Mailing Address TIME SOUARE 3038 N. FEDERAL HIGHWAY SUITE G FT LAUDERDALE FL 33306			3				
2. Principal Pl	ace of Business #, etc.		3. Mailing Address TIME SQUARE Suite, Apt. #, etc. 3038 N. Federal Huz.				DO NOT WRITE IN THIS SPACE			
City & State)		3038 N. Federal Huy City & State For Louderdole, F2.			_	FEI Number 65-0803724		pplied For ot Applicable	-
Zip Country 6. Name and Address of Current R			^{Zip} 3306	B	yow.or a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Certificate of Status Desired	\$8.75 Ad Fee Require		
FT LAUDEF	INRISE BLVD. #1 RDALE FL 33304		ne purpose of changing its	registere	City		Figure 1, or both, in the State of Florida.	Zip Coo	de	
SIGNATURE _	Signature, typed or printed	name of registered agent and	title if applicable. (NOTE	E: Registered	Agent signature requ	uired when re	einstating) DAT	Ē		
	ration is eligible to s equirement and elec a on back)		FILE NOW!!! FEE IS \$550.00 - After September 12, 2001 Fee will be \$7. Make Check Payable to Department of \$7.						00 May.Be d to Fees] .
NAME STREET ADDRESS	P Cokinos, Barb 2800 e Sunrise FT Lauderdale	BLVD	RECTORS Delete			Prox F	Ditions/Changes to Officers a sident inos Barbara ifo N.E. 16 Terrac - Lauderlale, Fl	ND DIRECTOR Change	S IN 11 . Addition	CR2E034 (5/01)
NAME STREET ADDRESS	V Delete GOTT, PORTER MRS 3050 NE 47TH CT #606 FT LAUDERDALE FL 33308				T ADDRESS ST-ZIP			☐ Change	☐ Addition	8
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		T ADDRESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE	T ADDRESS			☐ Change	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, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

BLANDERE GO (KINZO) S
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

Change

☐ Change

☐ Addition

☐ Addition

attachment of pg7000106 Bible5788 Those not received We are no lin Also the Beauty Shap in tures When we are closed . They Invivorental"