2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000038091** Feb 14, 2000 8:00 am **Secretary of State** THE ALTERATION PLACE, INC. 02-14-2000 90172 043 ***150.00 Principal Place of Business Mailing Address 2125 W. Martin Luther King Jr. BLVD. 2125 W. MARTIN LUTHER KING JR. BLVD. TAMPA FL 33607 TAMPA FL 33607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 58-2389767 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -BAUTISTA, EUSEBIA M Street Address (P.O. Box Number is Not Acceptable) 2125 W. MARTIN LUTHER KING JR. BLVD. **TAMPA FL 33607** Zip Code FL 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 (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP ☐ Delete TITLE ☐ Change BAUTISTA, EUSEBIA M 2125 W. MARTIN LUTHER KING JR. BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33607 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME GONZALEZ, PAULA M 2125 W. MARTIN LUTHER KING JR. BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33607** CITY-ST-ZIP ☐ Change TITLE ■ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

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

X 2/7/00 X 8795587
Date Phone #