FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 19, 2002 8:00 am Secretary of State P98000059347 **DOCUMENT#** 1. Entity Name 08-19-2002 90146 021 ***150.00 FOUR SEASONS-ELEGANT CORPORATION Mailing Address Principal Place of Business 8501 N.W. 198TH STREET 8501 N.W. 198TH STREET HIALEAH FL 33015 HIALEAH FL 33015 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0907563 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOHNSON, GLENDA Street Address (P.O. Box Number is Not Acceptable) 8501 N.W. 198 STREET HIALEAH FL 33015 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing After September 13, 2002 Fee will be \$750.00 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE Delete TITLE JOHNSON, NAME JOHNSON, GLENDA NAME NW STREET ADDRESS 8501 N.W. 198TH STREET STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33015 CITY-ST-ZIP ☐ Change ☐ Addition 🔀 Delete TITLE TITLE NAME ... JOHNSON, NORA NAME STREET ADDRESS 445 WEST 51 PLACE, #607 STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP* ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS

CITY-ST-ZIP

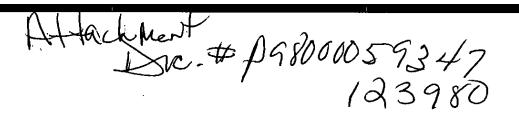
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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.

Daytime Phone #

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP



To: Division of Corporations P.O. Box 6337 Tallahassee, FL, 32314

- From: Glenda Johnson - Four Seasons Elegant.

This will confirm our conversation on August 8th, 2002 about the fact that I did not received your first notices to pay my corporation yearly fee.

Enclosed is check #1511 for the amount of \$150 dollars to cover this fee.

Thank You

Glenda Johnson

President