2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND PRIES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 07, 2000 8:00 am Secretary of State DOCUMENT # P98000073522 **VANNELI CLOTHING & PERFUMES CORPORATION** 03-07-2000 90057 037 ***150.00 Principal Place of Business Mailing Address 121 SE 1ST STREET #910 121 SE 1ST STREET #910 MIAMI FL 33131-1402 MIAMI FL 33131 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State 65-0860829 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered 7. Name and Address of New Registered Agent TERNANDO 1)BISPO OBISPO, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 121 SE 1ST STREET #910 **MIAMI FL 33131** 8. The above named entry 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) or printed name of registered agent and title if applicable. Tax thing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 is ligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE OBISPO FERNANDO OBISPO, FERNANDO NAME NAME STREET ADDRESS 121 SE 1ST STREET #910 STREET ADDRESS CITY-ST-ZIP MIAMI CITY-ST-ZIP MIAMI FL 33131 Change ☐ Addition STD ☐ Delete TITLE OBISPO, JUAN C NAME NAME STREET ADDRESS STREET ADDRESS 121 SE 1ST STREET #910 CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33131 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change [] Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 truebe explored 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.