2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P98000086468 May 03, 2000 8:00 am Secretary of State FINISHING TOUCHES BOUTIQUE, INC. 05-03-2000 90011 050 ***150.00 Principal Place of Business Mailing Address 1946 HARRISON ST 1946 HARRISON ST HOLLYWOOD FL 33020-5018 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0876572 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FISCHER, REBECCA H Street Address (P.O. Box Number is Not Acceptable) 4651 SHERIDAN STREET STE 325 HOLLYWOOD FL 33021 Zip Code FI 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change ☐ Addition TITLE Delete BEEBER, CANDACE NAME NAME STREET ADDRESS STREET ADDRESS 1946 HARRISON ST CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Addition Change ☐ Delete TITLE TITLE **BLUM, SEREDA** NAME NAME 1946 HARRISON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP . Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 an ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block. 11 or Block 12 in Block 12 changed, or on an attachment