

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 12, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P98000092330****1. Entity Name**  
THE BUTTON SHOP, INC.

<b>Principal Place of Business</b> 2339 CORAL WAY  MIAMI FL 33145	<b>Mailing Address</b> 2339 CORAL WAY  MIAMI FL 33145
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<b>2. Principal Place of Business</b> 2353 CORAL WAY  Suite, Apt. #, etc.	<b>3. Mailing Address</b> 2353 CORAL WAY  Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> MIAMI FL	<b>City &amp; State</b> MIAMI FL
<b>Zip</b> 33145	<b>Country</b>

<b>4. FEI Number</b> 65-0873870	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**

SALIS ALEXIS  
2339 CORAL WAY  
  
MIAMI FL 33145

**7. Name and Address of New Registered Agent**

<b>Name</b> SALIS ALEXIS
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 2353 CORAL WAY
<b>City</b> MIAMI
<b>FL</b> <b>Zip Code</b> 33145

**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**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**09/12/2000**

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☒  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SALIS ALEXIS 2339 CORAL WAY MIAMI FL 33145	<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SALIS ALEXIS 2353 CORAL WAY MIAMI FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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** ALEXIS SALIS

D

09/12/2000