2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING

FILED DOCUMENT # P9900003127 Apr 10, 2000 8:00 am Secretary of State REK FASHIONS, INC. 04-10-2000 90061 026 ***150.00 Mailing Address Principal Place of Business 341 N MAITLAND AVE, SUITE 340 341 N MAITLAND AVE. SUITE 340 MAITLAND FL 32751-4761 MAITLAND FL 32751 3. Mailing Address 5030 Down Point Lane 2. Principal Place of Business Point Lane Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number INDERMERE 59-3575922 Not Applicable 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 TATICH, PHILIP Street Address (P.O. Box Number is Not Acceptable) 341 N MAITLAND AVE, SUITE 340 MAITLAND FL 32751 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) DATE Signature, typed or printed name of registered agent and title if applicable 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change XX Addition ☐ Delete TITLE TITLE NAME Kaza, Kristina NAME STREET ADDRESS STREET ADDRESS 105 Northwest Ivanhoe Boulevard CITY-ST-ZIP CITY-ST-ZIP Orlando, Florida 32804 Change TITLE ☐ Delete TITLE DVS-NAME NAME Kaza, Eriks STREET ADDRESS STREET ADDRESS 105 Northwest Ivanhoe Boulevard CITY-ST-ZIP CITY-ST-ZIP Orlando, Florida 32804 ☐ Delete TITLE TITLE DP Kaza Kristina 5030 Down Point Lane NAME NAME STREET ADDRESS STREET ADDRESS Windermore FL 34786 CITY-ST-ZIP CITY-ST-ZIP X Addition ☐ Delete TITLE TITLE 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 ☐ Addition ☐ 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 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.