


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -2 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P99000024028</b>		
1. Entity Name <b>DELORIE COLLECTION, INC.</b>		

Principal Place of Business <b>2140 N.W. 18TH STREET POMPAÑO BEACH, FL</b>	Mailing Address <b>2140 N.W. 18TH STREET POMPAÑO BEACH, FL</b>
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2. Principal Place of Business		3. Mailing Address <b>2665 S. Bayshore Drive</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 703</b>	
City & State		City & State <b>Miami, Florida</b>	
Zip	Country	Zip	Country
<b>33133</b>	<b>USA</b>	<b>33133</b>	<b>USA</b>



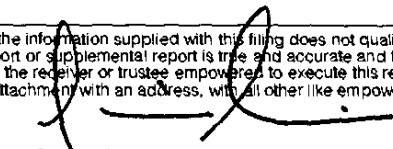
☐ CHECK HERE IF MAKING CHANGES

5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BEHAR, LARRY P.A.</b> <b>888 SOUTHEAST THIRD AVENUE</b> <b>SUITE #400</b> <b>FORT LAUDERDALE, FL 33316</b>		Name <b>World Corporate Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2665 S. Bayshore Drive</b> <b>Suite 703</b> City <b>Miami</b>	
		State <b>FL</b>	
		Zip Code <b>33133</b>	

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  <b>Mitchell S. Polansky, Vice President 3/17/2003</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when retaining)</small>	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P</b> <b>DESLAURIERS, LOUIS</b> <b>2140 N.W. 18TH ST. &amp; POWERLINE RD</b> <b>POMPAÑO BEACH, FL 33069</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>800017917408</b> <b>05/02/03--01085--009 **1441.25</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  <b>Louis Deslauriers</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>3/17/03</b> <small>Date</small>

CR2E034 (10/02)