2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED DOCUMENT # P9900032404 Apr 20, 2000 8:00 am Secretary of State MON CHERIE & MON AIMEE, INC. 04-20-2000 90109 007 ***150.00 Mailing Address Principal Place of Business 402 STREMMA RD. APT B 402 STREMMA RD. APT B LARGO FL 33770-2471 LARGO FL 33770 2. Principal Place of Business 3. Mailing Address 2945-B EAST BAY Deive EAST BAY Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3493181 Not Applicable LACGO Lacgo Country U, S Country \$8.75 Additional 5. Certificate of Status Desired U.S Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COSCIA, PAUL A Street Address (P.O. Box Number is Not Acceptable) 402 STREMMA RD, APT B LARGO FL 33770 EAST BAY DRIVE 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. X Change Addition TITI F ☐ Delete COSCIA, PAUL A 2945-BEAST BAY DRIVE TITLE COSCIA, PAUL A NAME NAME STREET ADDRESS 402 STREMMA RD, APT B STREET ADDRESS LARGO, FL 33771 CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33770 🔀 Change ☐ Addition Delete TITLE TITLE Aubrovich, Linda S ANDROVICH, LINDA S NAME NAME 2945-B EAST BAY DRIVE STREET ADDRESS STREET ADDRESS 702 B HERITAGE LANE LACGO FL 33771 CITY-ST-ZIP CITY-ST-ZIP LARGO FL 3377 ☐ Change Addition ☐ Delete TITLE 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 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Oelete NAME NAME STREET ADDRESS STREET ADDRESS 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

Daytime Phone #