

2000 UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT # P99000042868				FILED 00 NOV 17 PM 3:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name TRES CHIC NICOLE CORP.					
Principal Place of Business 555 N. FEDERAL HWY. #1314 BOCA RATON, FL 33432			Mailing Address 555 N. FEDERAL HWY. #1314 BOCA RATON, FL 33432		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 22-3659654	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name NICOLE COLON Street Address (P.O. Box Number is Not Acceptable) 555 N. FEDERAL HWY. #1314			Name NICOLE COLON Street Address (P.O. Box Number is Not Acceptable) 555 N. FEDERAL HWY. #1314		
City SUNRISE Boca Raton			City SUNRISE Boca Raton		
Zip 33323			Zip 33432		
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 <u>Nicole Colon</u> <u>Nicole Colon</u> <u>11-10-00</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		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 <input type="checkbox"/> \$5.00 Trust Fund Contribution. May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P VP T S D	NAME NICOLE COLON		<input type="checkbox"/> Delete		
STREET ADDRESS 555 N. FEDERAL HWY. #1314	CITY - ST - ZIP SUNRISE, FL 33323		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE Boca Raton, FL 33432	NAME NICOLE COLON		<input type="checkbox"/> Delete		
STREET ADDRESS 555 N. FEDERAL HWY. #1314	CITY - ST - ZIP SUNRISE, FL 33323		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NICOLE COLON	NAME NICOLE COLON		<input type="checkbox"/> Delete		
STREET ADDRESS 555 N. FEDERAL HWY. #1314	CITY - ST - ZIP SUNRISE, FL 33323		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NICOLE COLON	NAME NICOLE COLON		<input type="checkbox"/> Delete		
STREET ADDRESS 555 N. FEDERAL HWY. #1314	CITY - ST - ZIP SUNRISE, FL 33323		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NICOLE COLON	NAME NICOLE COLON		<input type="checkbox"/> Delete		
STREET ADDRESS 555 N. FEDERAL HWY. #1314	CITY - ST - ZIP SUNRISE, FL 33323		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NICOLE COLON	NAME NICOLE COLON		<input type="checkbox"/> Delete		
STREET ADDRESS 555 N. FEDERAL HWY. #1314	CITY - ST - ZIP SUNRISE, FL 33323		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Nicole Colon</u> <u>Nicole Colon</u> <u>11-10-00</u> <u>954-755-5093</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034 (9/99)