FILED Jun 11, 2003 8:00 am **Secretary of State**

06-11-2003 90060 006 ***550.00

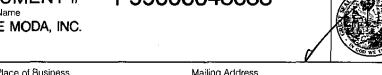
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P99000043633

1. Entity Name

DOLCE MODA, INC.



Principal Place of Business 401 S BISCAYNE BLVD. SUITE N-129 MIAMI FL 33132

Mailing Address 401 S BISCAYNE BLVD. SUITE N-129 MIAMI FL 33132

2. Principal Place of Business	3. Mailing Address	1111111
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number

Ζiρ



☐ CHECK HERE IF MAKING CHANGES

65-0927432

7. Name and Address of New Registered Agent

Trust Fund Contribution.

6. Name and Address of Current Registered Agent STRALLNIKOFF, CARLOS 21205 YACHT CLUB DRIVE

Country

APT #402 AVENTURA FL 33180

-1,100HB0		-	
	•		
Street Address (P.O. Box Number i	s Not Acceptable)		

5. Certificate of Status Desired

City	

Zip Code

Applied For

\$8.75 Additional

Fee Required

Not Applicable

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.

11.

Country

SIGNATURE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

Zip

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

(NOTE: Registered Agent signature required when reinstating)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

9. Election Campaign Financing \$5.00 May Be

- Change

☐ Change

Added to Fees

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10.

TITLE	עי	□ Delete	TITLE		Addition
NAME	STRALLNIKOFF, CARLOS		NAME		
STREET ADDRESS	21205 YACHT CLUB DR APT #402		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL 33180		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME	•		NAME		
STREET ADDRESS			STREET ADDRESS	•	,
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE -- 🔲 . Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

TITLE □ Delete NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete TITLE STREET ADDRESS

☐ Delete TITLE NAME STREET ADDRESS

CITY-ST-ZIP Change

CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with

ddress, with all other like empowered

☐ Addition

☐ Addition

Addition

☐ Addition