2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000053574 May 11, 2000 8:00 am Secretary of State JEAN'S CLASSICS CONSIGNMENT, INC. 04-14-2000 90094 032 ***150.00 Mailing Address Principal Place of Business 3575 S. OCEAN BLVD., #412 3575 S. OCEAN BLVD., #412 SOUTH PALM BEACH FL 33480-5728 SOUTH PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Applied For City & State City & State Not Applicable \$8.75 Additional Country Zio 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRIFFIN, JEAN Street Address (P.O. Box Number is Not 3575 S. OCEAN BLVD., #412 SOUTH PALM BEACH FL 33480 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 12 OFFICERS AND DIRECTORS 11. CR2E034 (9/99) ☐ Change Addition TITLE Ď ☐ Delete TITLE GRIFFIN, JEAN NAME NAME STREET ADDRESS STREET ADDRESS 3575 S. OCEAN BLVD., #412 CITY-ST-ZIP CITY-ST-ZIP SOUTH PALM BEACH FL 33480 SPARKS, Kerri Addition ☐ Delete TITLE TITLE NAME SPARKS, KERRI NAME 3926 howson STREET ADDRESS STREET ADDRESS **85 BUXTON LANE** CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33426** Addition Delete FJTIT TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-712 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE PLANT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 requirer 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.