2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 20, 2001 8:00 am DOCUMENT # P9900066080 Secretary of State 1. Entity Name CYBERFASHIONS, INC. 02-20-2001 90066 021 ***150.00 Mailing Address Principal Place of Business C/O MERRILL BOOKSTEIN. ESO. C/O MERRILL BOOKSTEIN, ESQ. 4800 N FEDERAL HWY, SUITE 201B 4800 N FEDERAL HWY, SUITE 2018 719180 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address 164 Saiatoga Blvd. West 164 Sara tuga Blud. West Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State ROYAL PALIT BEACH, FL Applied For City & State 4. FÉI Number 65-0945458 POVAL PALM BEACH, FL Not Applicable Country Palin Beach \$8.75 Additional 5. Certificate of Status Desired Palin Beach Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jean-David CORPORATION SERVICE COMPANY Street Address (P.Q. Box Number is Not Acceptable) 1201 HAYS STREET Sava toga Bluch. West TALLAHASSEE FL 32301-2525 City ROVAL PALM BEACH. 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 SAUSER, Jeen - Darid, Plesiclent (NOTE: Registered Agent signature required when reinstating) SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition PTD TITLE Delete TITLE SAUSER, Jean-David 169 Savatoga Blod. West SAUSER, JEAN-DAVID NAME NAME 4800 N FEDERAL HWY, SUITE 201B STREET ADDRESS STREET ADDRESS RUYAL PALM BEACH, FL 33911 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** Change ☐ Addition Delete TITLE TITLE SAUSER, JEAN-DAVID NAME STREET ADDRESS 4800 N FEDERAL HWY, SUITE 201B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Change ☐ Addition TITLE □ Delete TITLE NAME 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-ZIP Change ☐ Addition ☐ Delete 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

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, Borida 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: .

SUSTATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/2001 (S61) 791 8790