

2000 UNIFORM BUSINESS REPORT (UBR)

6/6/1

FILED
Aug 01, 2000 8:00 am
Secretary of State

06-08-2000 90027 023 ***150.00

DOCUMENT # **P9000087247**
 1. Entity Name
Source Chinoise Inc.

Principal Place of Business Mailing Address
9022 NE 8th Ave, Apt 3S
Miami Shores, Miami FL 33138-3254

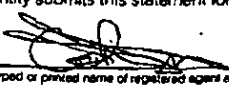
2. Principal Place of Business 3. Mailing Address
9022 NE 8th Ave **9022 NE 8th Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
S3 **S3**

City & State City & State
Miami Shores **Miami Shores**
 Zip Country Zip Country
33138 **USA** **33138-3254** **USA**

4. FEI Number ☒ Applied For ☒ Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DAN M. COHEN
9022 NE 8th Ave
Apt. S3
Miami Shores, FL 33138

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☒
 (See criteria on back) **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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President DAN COHEN 9022 NE 8th Ave; Miami Shores FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

SIGNATURE:  **May 1/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)