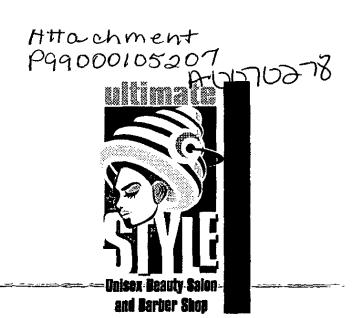
## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000105207 Jul 31, 2000 8:00 am 1. Entity Name Secrétary of State ULTIMATE STYLE CORP. 07-31-2000 90007 023 \*\*\*150.00 Principal Place of Business Mailing Address 7100 PINES PLAZA 7100 PINES PLAZA SUITE 2 SUITE 2 PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 50-967667 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **BOX. ANTHONY** Street Address (P.O. Box Number is Not Acceptable) 16TH NW 42ND TERRACE PLANTATION FL 33317 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 Signature, typed or printed name of registered agent and title if applicable. DATE ..FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** ☐ Addition ☐ Change TITLE ☐ Delete TITI F PIERRE-TOUSSAINT, JOSE M NAME NAME STREET ADDRESS **1602 SW 159TH AVENUE** STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33024 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE 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 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP Change ☐ Addition TITLE Delete TITI F NAME NAME 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 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.



## Memo

Florida To: Department Of State

From: Ultimate Style Corp

Date: 07/25/2000

Re: Second Notice

To whom It may concern I' Jose M. Pierre-Toussaint, the owner of ultimate style corp.

I would like to take this opportunity to let you know that is my first business, and I never received any first notice from you. Thank you very much for receiving my \$150.00.

Sincerely your JOSE M. PIERRE-TOUSSAINT