2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 28, 2000 8:00 am Secretary of State **DOCUMENT # \$28932** 1. Entity Name PRINCESS MANAGEMENT & ASSOCIATES, INC. 08-28-2000 90033 049 ***150.00 Principal Place of Business MELINCOLN RD 4-L SUITE -MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address LINCOLN 40 7 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 5vite City & State Applied For City & State 4. FEI Number 65-0347383 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MALEK, ROCHELLE Street Address (P.O. Box Number is Not Acceptable 407 m LINCOLN RO SUITE サル MIAMI BEACH FL 33139 Zip Code 33/39 8. The above named entity submits this statement for the purpose of manging its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS 12. PST TITI F TITI F Delete MALEK, Rochelle 407 Lincoln ROAD - Suite 4-L MALEK, ROCHELLE NAME NAME STREET ADDRESS STREET ADDRESS 420 LINCOLN RD #1448 BEACH, FLORIDA 33/39 CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH FL Change T(T),E ☐ Delete TITLE MALEK, Rochelle 407 Lincoln ROAD SUITE - 4-L MALEK, ROCHELLE NAME NAME STREET ADDRESS STREET ADDRESS 489-LINCOLN RD #158 MiAM; BEACH, FLORIDA 33139 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL Change Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 trusted 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hachment D#528932 Rochelle Malek DW81402 407 Lincoln Road - Suite 4-L - Miami Beach, Florida 33139 305.538.4431 · Fax: 305.672.6220 ay, 21, 2000 Hentlemen: lan reneway. my Copportion - Please nite I never received a charge of address law sexualed ix Shower I had requested ix Therday you in above.

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