2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with ar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 10, 2002 8:00 am Secretary of State S46051 DOCUMENT # 1. Entity Name BLACK LACE INVESTMENTS, INC. 02-10-2002 90006 050 ***150.00 Principal Place of Business Mailing Address -25-S.E. -2ND-AVENUE-25-6.E.-2ND-AVENUE SUITE 220 **SUITE 220** MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 150 SE 2ND AVENUE <u>150 SE 2ND AVENUE</u> Suite, Apt. #, etc. SUITE #1200 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE #1200 City & State Applied For City & State 4. FEI Number 65-0255566 Not Applicable MIAMI. MIAMI, FL FLCountry Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 33131 33131 U.S. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BORIS ROSEN ROSEN, BORIS Street Address (P.O. Box Number is Not Acceptable) -25-SE-2ND AVENUE SUITE-220 150 SE 2ND AVENUE, SUITE #1200 MIAMI FL 33131 Zip Code City MIAMI 33131 is statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits SIGNATURE Signature, typed or printed name of registered ager nd title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. A Change ☐ Addition CR2E034 (9/01 DPS TITLE □ Delete rosen. Boris NAME NAME BORIS ROSEN STREET ADDRESS 25 S.E. 2ND AVE. #220 STREET ADDRESS 150 SE 2ND AVENUE, SUITE #1200 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL MIAMI, FL 33131 X Change ☐ Addition TITLE TITLE ☐ Delete JEANNE ROSEN IROSEN, JEANNE NAME NAME 150 SE 2ND AVENUE, SUITE #1200 STREET ADDRESS STREET ADDRESS 25 S.E. 2ND AVE. #220 MIAMI, FL 33131 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE □ Change ☐ Addition 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-7IP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 am an officer or director of the corporation or the receiver or true ee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapted or on an attachment with an oddress with like empowered.

FILED