2000 UNIFORM BUSINESS REPORT (UBR) Apr 10, 2000 8:00 am Secretary of State **DOCUMENT # \$81763** 1. Entity Name KISMET A BOUTIQUE, INC. 04-10-2000 90115 022 ***150.00 Principal Place of Business Mailing Address 16725 GULF BLVD 16725 GULF BLVD NORTH REDINGTON BEACH FL 33708-1432 NORTH REDINGTON BEACH FL 33708 3. Mailing Address 2. Principal Place of Business 3033 3033 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3084444 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33710 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Tepper, Karen Street Address (P.O.: Box Number is Not-Acceptable). 16725 GULF BLVD **SUITE 215** NORTH REDINGTON BEACH FL 33708 City Zip Code s this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named Intit SIGNATURE (NOTE, Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11, **PSD** ☐ Delete ☐ Addition TITLE TITLE ₹⋦Ɗ TEAPER, KAREN 3033 82ND WAY. N. ST. PETERS BURG, FL. 33710 TEPPER, KAREN NAME STREET ADDRESS STREET ADDRESS 16725 GULF BLVD CITY-ST-ZIP CITY-ST-ZIP NORTH REDINGTON BEACH FL ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7JF CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME

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 true 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

w 45/00 7

727-345-3014

Daytime Phone #