FILED

2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name	MENT # S84226 I BOUTIQUE, INC.		•	,		Apr 30, 2 Secretai 04-30-2001 90			
Principal Place	e of Business	Mailing Address							
2905 S. STATE RD. 7 HOLLYWOOD FL 33023		2905 S. STATE RD. 7 HOLLYWOOD FL 33023							
							626	3.5	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE I			
City & State		City & State			4. FEI Number 65-0287575 Applied For Not Applicable				
Zip Country		Zip Country		iry	5. C	Certificate of Status Desired	□ \$8.7	5 Additi	
	6. Name and Address of Current Re	egistered Agent			7. N	ame and Address of New Reg		<u>'</u>	
BŁAKE, MONTROSE				Name					
	S. STATE RD. 7 LYWOOD FL 33023-2201			Street Address	(P.Q. B	ox Number is Not Acceptable)			
				City			FI. Z	ip Code	
8. The above	named entity submits this statement for t	he purpose of changing its	s registere	ed office or registe	ared and	ent, or both, in the State of Florid			
	Signature, typed or printed name of registered agent and	1		d Agent signature require	ad when re	instating)	DATE		
9. This corporation is eligible to satisfy its Intangibl Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St				10. Election Campaign Finan Trust Fund Contribution.		Added t	
11.	OFFICERS AND D	IRECTORS Delete	12.		AD	DITIONS/CHANGES TO OFFICE			
NAME STREET ADDRESS CITY-ST-ZIP	BLAKE, MONTROSE 8449 SW 22 ST. MIRAMAR FL 33025	□ Delete		1				Change	Addition
TITLE		☐ Delete	TITLE	Į.				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				E EET ADDRESS -ST-ZIP					
TITLE NAME		☐ Delete	TITLI NAM	1				Change	Addition
STREET ADDRESS CITY-ST-ZIP			STRE	EET AODRESS -ST-ZIP					
TITLE NAME		☐ Delete	TITLI NAM					Change	Addition
STREET ADDRESS CITY-ST-ZIP			STRE	EET ADDRESS '-ST-ZIP					
TITLE NAME		☐ Delete	TITL					Change	Addition
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP					
TITLE		☐ Delete	TETE	E				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP				NE EET ADDRESS (-ST-ZIP					
of the co	certify that the information supplied with t d on this report or supplemental report is t rporation or the receiver or trustee empov , or on an attachment with an address, w	true and accurate and that wered to execute this repo	t my signa rt as requ	emption stated in stature shall have the ired by Chapter 6	e same 07, Flor	119.07(3)(i), Florida Statutes. I fi legal effect as if made under oa ida Statutes; and that my name i	urther cortify th th; that I am ar appears in Blo	at the information of the control of	formation or director Block 12 if