2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 16, 2002 8:00 am Secretary of State DOCUMENT # S99176 1. Entity Name 05-16-2002 90066 005 ***150 00 BATH & BOUDOIR FASHIONS, INC. Principal Place of Business Mailing Address 8310 7TH STREET NORTH 27001 IIS 19 NORTH #1037 COUNTRYSIDE MALL SAINT PETERSBURG FL 33702 CLEARWATER FL 34621 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3097044 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ٧. CHEN, FENG-I R Street Address (P.O. Box Number is Not Acceptable) 8310 7TH STREET NORTH SAINT PETERSBURG FL 33702 Zip Code City FL 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 (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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change ☐ Addition WANG, CHIOU-ER E NAMÉ NAME 8310 7TH STREET NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33702 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME CHEN, FENG-I R NAME STREET ADDRESS 8310 7TH STREET NORTH STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33702 CITY-ST-ZIP Change ☐ Addition TITLE. - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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.

FILED