FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90204 021 ***150.00

DOCUMENT # V06711

1. Entity Name: Callie Kosnoff INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2170 Cove LN	2170 Cove LN
Suite, Apt. #, etc.: C/O Callie B Kosnoff	Suite, Apt. #, etc.:
City & State: Weston FL	City & State: Weston FL
Zip: 33326 Country: USA	Zip: 33326 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650309340 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Callie B. Kosnoff

Street Address (P.O. Box Number is Not Acceptable): 2170 Cove LN

City: Weston FL Zip Code: 33326

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Callie B. Kosnoff
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	Pres	TITLE	
NAME	Callie B. Kosnoff	NAME	
STREET ADDRESS	2170 Cove LN	STREET ADDRESS	
CITY-ST-ZIP	Weston FL 33326	CITY-ST-ZIP	
TITLE	VPres	TITLE	
NAME	Mel N. Kosnoff	NAME	
STREET ADDRESS	2170 Cove LN	STREET ADDRESS	
CITY-ST-ZIP	Weston FL 33326	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Callie B. Kosnoff — 4/14/03 — 954-384-1260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #