FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2004 8:00 am
Secretary of State
03-15-2004 90088 036 ***158.75

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DOCUMENT #

1. Entity Name

TRAVELING BOUTIQUE INC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
5740 ALTON ROAD Suite, Apt. #, etc.	5740 ALTON ROAD Suite, Apt. #, etc.
City & State: MIAMI BEACH FL	City & State: MIAMI BEACH
Zip: 33140 Country: US	Zip: 33140 Country: US

4. FEI Number: 65-0309827 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: SELMA ROSENFELD

Street Address (P.O. Box Number is Not Acceptable): 5740 ALTON Rd

City: MIAMI BEACH FL Zip Code: 33140

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: SELMA ROSENFELD — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 3/12/04

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	PRESIDENT
NAME	SELMA ROSENFELD
STREET ADDRESS	5740 ALTON Rd
CITY-ST-ZIP	MIAMI BEACH FL 33140

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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: Selma Rosenfeld 3/12/04 305-861-3249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)