

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
 ANNUAL REPORT
 1995

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APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V62868

(7)

ULTIME EUROPEAN FASHION GROUP, INC.

3101 PGA BLVD. SUITE 0219
PALM BEACH GARDENS FL 33410

MR MIGUEL A GUZMAN C.P.A. P.A.
11211 PROSPERITY FARMS ROAD SUITE A102
PALM BEACH GARDENS FL 33410

PALM BEACH GARDENS FL 33410				3 Date of Application 09/10/1992		3a Date of Last Page of 01/04/1995	
2 Date of Application 09/10/1992		2a Date of Last Page of 01/04/1995		4 Filing Number 65-0363424		Approved by Real Agent Signature	
21 Signature of Agent		26 Signature of Agent		5 Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22 Date of Status		27 Date of Status		6 Certificate of Status Desired ☐		\$5.00 May Be Added to Fees	
23 Date of Status		28 Date of Status		8 This information is available for adaptation to the Florida Statutes ☒ Yes ☐ No		Florida Statutes	
24		25		29		30	
9 Name and Address of Current Registered Agent				10 Name and Address of New Registered Agent			
WALKER, LYNN 3101 PGA BLVD., SUITE Q219 PALM BEACH GARDENS FL 33410				81 Name			
				82 Street Address (P.O. Box Number or Post Office)			
				83			
				84 City			
				FL 85 Zip Code			
11. Pursuant to the provisions of Sections 409.01, 409.02, and 409.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors, hereby accept the appointment as registered agent, and agree with and accept the appointment of said new Florida Statutes.							
SIGNATURE							
12. Name of Agent: P NASRALLA, WILLIAM 3101 PGA BLVD., SUITE Q219 PALM BEACH GARDENS FL 33410							
13. Name of Agent: P NASRALLA, WILLIAM 3101 PGA BLVD., SUITE Q219 PALM BEACH GARDENS FL 33410							
14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 409.01, Florida Statutes. I further certify that the information included 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 person or persons named to execute this report as required by Florida Statutes, and that my name appears on the filing of this report or supplemental report.							

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14.11.2014 N.15 F.2/c3

April 27/19