2001-UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # V66632** 1. Entity Name STILETTO, INC. 04-30-2001 90355 049 ***150.00 Principal Place of Business Mailing Address 1077 N.E. 204 TERRACE 1077 N.E. 204 TERRACE 703104 NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179 2. Principal Place of Business 10211 PIDES BIVO 3. Mailing Address PINGS BIVE DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0368413 phe Pines Fla Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOLDEN: DONNA-1077 NE 204 TERR NORTH MIAMI BEACH FL 33179 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 * 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE Gallen Donnd GOLDEN, DONNA NAME NAME 10211 PINES BIVD #306 1077 NE 204 TERR. STREET ADDRESS STREET ADDRESS N. MIAMI BEACH FL 33179 CITY-ST-ZIP Pembroke pines. CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Detere TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE 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 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.