

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000005195

**Entity Name:** STRIPES INC.

**Current Principal Place of Business:**

11502 CANTERBURY CT  
BOWIE, MD 20721

**FILED**  
**Sep 21, 2021**  
**Secretary of State**  
**6796558303CC**

**Current Mailing Address:**

16326 SW 16 ST  
PEMBROKE PINES, FL 33027 US

**FEI Number: 81-5128703**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BUCHANAN, KIA  
16326 SW 16 ST  
PEMBROKE PINES, FL 33027 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DP  
Name BUCHANAN, KIA  
Address 16326 SW 16 ST  
City-State-Zip: PEMBROKE PINES FL 33027

Title DIRECTOR  
Name COLEMAN, ISAIAH  
Address 6731 PERRY ST  
City-State-Zip: JACKSONVILLE FL 32208

Title D  
Name MACRAY-FLEUREME, BRITTANI  
Address 2470 NW 141 ST  
City-State-Zip: OPA LOCKA FL 33054

Title D  
Name WINTERS, SHUAIB  
Address 5375 SUGARLOAF PKWY APT 12105  
City-State-Zip: LAWRENCEVILLE GA 30043

Title D  
Name BUCHANAN, LAMERE  
Address 16326 SW 16 ST  
City-State-Zip: PEMBROKE PINES FL 33027

Title S  
Name BUCHANAN, MYESHA  
Address 417 W MADISON AVE  
City-State-Zip: MAGNOLIA NJ 08049

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KIA BUCHANAN**

**RESIDENT AGENT**

**09/21/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date