

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90348 019 \*\*\*150.00

**DOCUMENT # P01000067007**

1. Entity Name  
**NORTHMIL LADY, INC.**

Principal Place of Business <b>NORTHMIL PLAZA STORE #310          4385 NORTHLAKE BLVD.          PALM BEACH GARDENS FL 33410</b>	Mailing Address <b>NORTHMIL PLAZA STORE #310          4385 NORTHLAKE BLVD.          PALM BEACH GARDENS FL 33410</b>
--	--

41230



2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
---	---

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65 118598</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.  
 941 FOURTH STREET #200  
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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: *Bernadette Moran* Vice President (BAM) **3/13/02** (FTH)  
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 Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME D CHRISTIAN, JAMIE	<input type="checkbox"/> Delete
STREET ADDRESS 4385 NORTHLAKE BLVD. CITY-ST-ZIP PALM BEACH GARDENS FL 33410	
TITLE NAME D CHRISTIAN, MARY	<input type="checkbox"/> Delete
STREET ADDRESS 4385 NORTHLAKE BLVD. CITY-ST-ZIP PALM BEACH GARDENS FL 33410	
TITLE NAME D MORAN, BERNADETTE	<input type="checkbox"/> Delete
STREET ADDRESS 4385 NORTHLAKE BLVD. CITY-ST-ZIP PALM BEACH GARDENS FL 33410	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	

CR2E034 (9/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bernadette Moran* Vice President **3/13/02**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #