

FILED
Apr 30, 2003 8:00 am
Secretary of State


04-30-2003 90168 019 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

90113651

DOCUMENT # P99000100763

1. Entity Name
BIANCA'S WEAR WITH LOVE, INC.



Principal Place of Business
 917 WASHINGTON AVENUE
 MIAMI BEACH, FL 33140

Mailing Address
 917 WASHINGTON AVENUE
 MIAMI BEACH, FL 33140

2. Principal Place of Business
2446 FILLMORE ST

3. Mailing Address
2446 FILLMORE ST

Suite, Apt. #, etc.

City & State
HOLLYWOOD, FLORIDA

City & State
HOLLYWOOD, FLORIDA

Zip
33020 Country
DADE

Zip
33020 Country
DADE



CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0981510

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, BIANCA
 917 WASHINGTON AVENUE
 MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

Name
DIAZ, BIANCA

Street Address (P.O. Box Number is NOT Acceptable)
2446 FILLMORE ST

City
HOLLYWOOD FL Zip Code
33020

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 *Bianca M. Diaz* X

(NOTE: Registered Agents are not required when registering) DATE

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD DIAZ, BIANCA 917 WASHINGTON AVENUE MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD DIAZ, BIANCA 2446 FILLMORE ST HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bianca M. Diaz* **4/28/03** **954 994-8400**

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


CR12E034 (10/02)

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Attachment

90113651
P99000100763

DOCUMENT #
1. Entity Name



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2446 Fillmore St
Suite, Apt. #, etc.

3. Mailing Address
2446 F
Suite, Apt. #, etc.

City & State
Holly wood

City & State

Zip
33020

Country
BROWARD

Zip
33020

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0961510

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
DIAZ BIANCA

Street Address (P.O. Box Number is Not Acceptable)

2446 Fillmore St

City
Holly wood

FL

Zip Code
33020

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
Bianca M. Diaz

(NOTE: Registered Agent signature required when reinstating)

DATE

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		A Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD DIAZ BIANCA 2446 Fillmore St Holly wood FL 33020
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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: *Bianca M. Diaz*

DATE: 4/28/03

DAYTIME PHONE: (954) 924-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)