

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F 00000000572

1. Entity Name

IFEMENINA INC.

Principal Place of Business

Mailing Address

C/O 1 SE 3RD AVE.
Ste. 960
Miami, FL 33131

2. Principal Place of Business

3. Mailing Address

C/O 1 SE 3RD AVE.
960

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

Country

33131

Country

U.S.

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1570614

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
LESLIE ALAN KOZENCWALG, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
LESLIE ALAN KOZENCWALG, P.A.
1 S.E. 3RD AVENUE, STE 960
City MIAMI FL Zip Code 33131

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)

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*****750.00 *****750.00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$750.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

ASSISTANT SECRETARY
CARLOS GOMEZ
1321 AVENUE OF AMERICA, 40th FLOOR
NEW YORK, NY 10020

DIRECTOR
SUSAN SEGAL
1321 AVENUE OF AMERICA, 40th FLOOR
NEW YORK, NY 10020

12/11

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 a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #