4/5

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
04-05-2001 90016 035 ***150.00

DOCUMENT # P00000012510

1. Entity Name DI- MARIANNA FINE LINGERIE
818 SE 9Th ST
Deerfield Beach FL 33441
MATTOS

A0042966

Principal Place of Business	Mailing Address
818 SE 9Th ST. Deerfield Beach Florida 33441	818 SE 9Th ST. Deerfield Beach Florida 33441.

2. Principal Place of Business	3. Mailing Address
	DI MARIANNA
Suite, Apt. #, etc. 818 SE 9Th ST	Suite, Apt. #, etc. 818 SE 9Th ST.
City & State Deerfield Beach Florida	City & State Deerfield . Florida
Zip 33441 Country U.S.A.	Zip 33441 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0977382 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

David da Rocha Pinto
9225 Ramblewood Dr #1034.
Coral Springs FL 33071

7. Name and Address of New Registered Agent

Name X Sebastiao Renato Mattos.
Street Address (P.O. Box Number is Not Acceptable) 818 SE 9Th ST
City Deerfield Beach FL Zip Code 33441

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 X [signature] DATE X 01.01.01.
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. (See criteria on back) ☐

~~FILE NOW!!! FEE IS $150.00~~
After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Presidente / SEBASTIAO RENATO MATTOS / 9197 Ramblewood Dr. #735 / Coral Spring FL 33071 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: X [signature] 01.01.01.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #