

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90822 029 ***150.00

0212806 AV

DOCUMENT # P00000013568

1. Entity Name
PINEL INTIMATE & SWIM WEAR USA, INC.



Principal Place of Business
777 NW 72 AVE
2 B862
MIAMI FL 33126-3009

Mailing Address
777 NW 72 AVE
2 B862
MIAMI FL 33126-3009



2. Principal Place of Business
777 NW 72 AVE

3. Mailing Address
777 NW 72 AVE

Suite, Apt. #, etc.
3 AA 48

Suite, Apt. #, etc.
3 AA 48

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33126

Country
DADE

Zip
33126

Country
DADE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0979962**

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

GIRALDO, CRISTINA
777 NW 72 AVE
STE 2 B862
MIAMI FL 33126-3009

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **GIRALDO, MARIA C**
STREET ADDRESS **7220 SW 149TH COURT**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **PD** ☒ Change ☐ Addition
NAME **GIRALDO, MARIA C**
STREET ADDRESS **777 NW 72 AV SUITE 3AA48**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **STD** ☐ Delete
NAME **PINEL, CARLOS**
STREET ADDRESS **7220 SW 149TH COURT**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **STD** ☒ Change ☐ Addition
NAME **PINEL, CARLOS**
STREET ADDRESS **777 NW 72 AV SUITE 3AA48**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/03 305-262-7373
Date Daytime Phone #

CR2E034 (10/02)