

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000073947

1. Entity Name

SPERM MODA WEAR, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90089 040 ***150.00

Principal Place of Business

4200 37TH STREET S. #4
ST. PETE FL 33711

Mailing Address

4200 37TH STREET S. #4
ST. PETE FL 33711

2. Principal Place of Business

4200 37th street S.

3. Mailing Address

4200 37th street S.

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

4

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33711

Country

U.S

Zip

33711

Country

U.S

4. FEI Number

59-3695961

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

BOLIVAR, VICTOR

4200 37TH STREET S. #4

ST. PETE FL 33711

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete
NAME Owner
STREET ADDRESS Victor Bolivar Jr.
CITY-ST-ZIP 4200 37th St. S. #4
St Pete, FL 33711

TITLE ☐ Delete
NAME President
STREET ADDRESS Victor Bolivar Jr.
CITY-ST-ZIP 4200 37th St. S. #4
St. Pete, FL 33711

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/01 727 865 1842

Date

Daytime Phone #

CR2E034 (10/00)