

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90056 048 ***150.00

DOCUMENT # P00000084561

1. Entity Name

2 SEXY, INC.

Principal Place of Business

**8388 SW 152 AVE. #23
 MIAMI FL 33193**

Mailing Address

**8388 SW 152 AVE. #23
 MIAMI FL 33193**

2. Principal Place of Business

13752 SW 8 ST
 Suite, Apt. #, etc.

3. Mailing Address

8388 SW 152 AVE #23
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65 1037769

Applied For

Not Applicable

Zip

Country

33193 Dade

Zip

Country

33193 Dade

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

**LATELLA, YUMET
 8388 SW 152 AVE. #23
 MIAMI FL 33193**

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 title 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 **D** ☐ Delete
 NAME **LATELLA, YUMET**
 STREET ADDRESS **8388 SW 152 AVE. #23**
 CITY-ST-ZIP **MIAMI FL 33193**

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

TITLE **D** ☐ Delete
 NAME **LATELLA, DOMINICK JR.**
 STREET ADDRESS **8388 SW 152 AVE. #23**
 CITY-ST-ZIP **MIAMI FL 33193**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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

Date

Daytime Phone #

5-1-01

305-458-5706

CR2E034 (10/00)

5-1-01

Attachment
976953

TO whom it may concern:

#P00000084561

OUR NEIGHBORS DELIVERED THIS TO US ON 5-1-01.
WE LIVE IN A DEVELOPMENT THAT IS NOT COMPLETE
AND SOME PEOPLE DONT CHECK MAIL REGULARLY.
OUR HOME ADDRESS IS LISTED ON OUR UBR
WITH OUR APT #. MAIL HAS BEEN
CONSISTENTLY MISPLACED. I HAVE FILLED
THIS FORM OUT THE DAY I
RECEIVED. THANKS
D2.