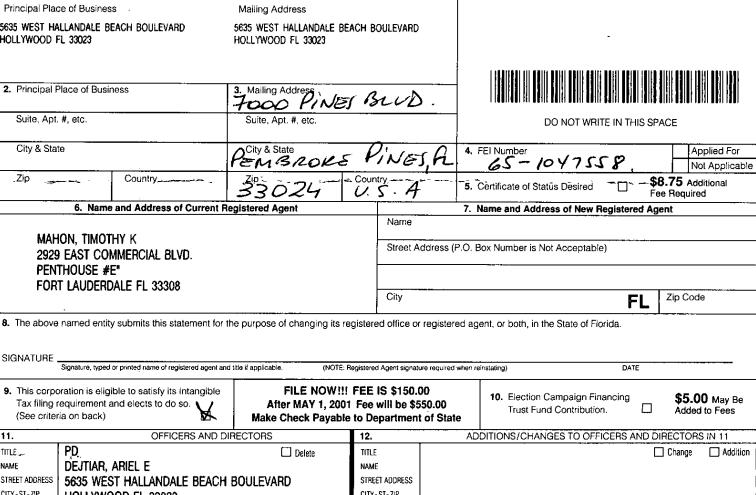
## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P0000086080 1. Entity Name FEMISAN OF AMERICA, INC. Principal Place of Business Mailing Address 5635 WEST HALLANDALE BEACH BOULEVARD 5635 WEST HALLANDALE BEACH BOULEVARD HOLLYWOOD FL 33023 HOLLYWOOD FL 33023

## May 14, 2001 8:00 am Secretary of State

05-14-2001 90258 047 \*\*\*150.00



11. TITLE ... NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOLLYWOOD FL 33023** Delete ☐ Change ☐ Addition NAME ROLDAN, GLADYS M NAME STREET ADDRESS 5635 WEST HALLANDALE BEACH BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33023 TITLE ☐ Addition TITLE \_\_\_ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7(P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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 trystee 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 ag address with all other like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR