

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90239 022 \*\*\*150.00

**DOCUMENT # P00000096358**

1. Entity Name

**BUGANVILLA INTIMATE APPARELS INC.**

Principal Place of Business

**1627 BRICKELL AVE., #2706  
 MIAMI FL 33129**

Mailing Address

**1627 BRICKELL AVE., #2706  
 MIAMI FL 33129**

00041073

2. Principal Place of Business

**1627 BRICKELL AVE.  
 Suite, Apt. #, etc. 2706  
 City & State MIAMI FL.  
 Zip 33129 Country USA**

3. Mailing Address

**1627 BRICKELL AVE  
 Suite, Apt. #, etc. 2706  
 City & State MIAMI FL.  
 Zip 33129 Country USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**Applied For**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SOARES, MARISTELLA C.  
 1627 BRICKELL AVE., #2706  
 MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name **HENRY TAVARES**

Street Address (P.O. Box Number is Not Acceptable)

**1627 BRICKELL AVE #2706  
 City MIAMI FL Zip Code 33129**

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)

**3/30/01**  
 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

TITLE **PRESIDENT** ☐ Delete  
 NAME **MARISTELLA C. SOARES**  
 STREET ADDRESS **1627 BRICKELL #2706**  
 CITY-ST-ZIP **MIAMI FL. 33129**

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 ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

**3/30/01**  
 Date

**305 860 0399**  
 Daytime Phone #

CR2E034 (10/00)