

AMENDED

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

AMENDED

DOCUMENT # P 00000099329

02 JUN 21 PM 4:04

1. Entity Name

PRIMADONNA BOUTIQUE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
20502 West Dixie Highway

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Aventura, FL

City & State

4. FEI Number
65-1049751

Applied For
Not Applicable

Zip
33180

Country
USA

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Gina L. Diaz

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

801 Three Islands Blvd., Apt 110

City

Hallendale

FL

Zip Code
33009

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 Gina L. Diaz

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

Gina L. Diaz

6/10/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25

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 P/D
NAME Gina L. Diaz
STREET ADDRESS 20502 West Dixie Highway
CITY-ST-ZIP Aventura, FL 33180

TITLE S/D
NAME Gina L. Diaz
STREET ADDRESS 20502 West Dixie Highway
CITY-ST-ZIP Aventura, FL 33180

TITLE VP/D
NAME Kristin M. Wingart
STREET ADDRESS 20502 West Dixie Highway
CITY-ST-ZIP Aventura, FL 33180

TITLE T/D
NAME Kristin M. Wingart
STREET ADDRESS 20502 West Dixie Highway
CITY-ST-ZIP Aventura, FL 33180

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gina L. Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gina L. Diaz

6/10/02

Date

Daytime Phone #

(954) 593-7046

CR2E034B (12/01)