2002 Uniform Business Report (UBR)

FILED May 16, 2002 8:00 am Secretary of State

DOCUMENT # P0100 1. Entity Name TIFFANY'S LINGERIE, INC.		05-16-2002 90049 031 ***150.00			
Principal Place of Business 4421 DOGWOOD CIRCLE WESTON FL 33331	Mailing Address 4421 DOGWOOD CIRCLE WESTON FL 33331				
2. Principal Place of Business 6931 SW 57 th St.	3. Mailing Address 6931 Sw S				
Suite, Apt. #, etc. 57181		DO NOT WRITE IN THIS SPACE			
DAVIE, FL	DAVIE, F	-2	4. FEI Number	1112073	Applied For Not Applicable
333/4 Country U.S.A.		Country S. A	5. Certificate of		8.75 Additional
6. Name and Address of Current R	egistered Agent	Name C	7. Name and A	ddress of New Registered Ag	ent
BROWN, DIANNA	er General de la	ر - ا	IANNA	-BROWN -	
4421 DOGWOOD TREE		Street Addre	ss (P.O. Box Number	s Not Acceptable)	
WESTON FL 33331					
		IE	FL	Zip Code ///	
6. The above named entry submits this statement for the statement	Drown			in the State of Florida.	44.7
Signature, typed or printed name of registered agent and		gistered Agent signature rec	(Ulred 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!!! After May 1, 2002 Make Check Payable		FEE IS \$150.00 Fee will be \$550.(to Department of	W 1	on Campaign Financing Fund Contribution.	\$5.00 May Be Added to Fees
1. OFFICERS AND D	12.	ADDITIONS/CH	ANGES TO OFFICERS AND D	IRECTORS IN 11	
TILE PSTD BROWN, DIANNA HREET HORRESS TY-ST-ZIP WESTON FL 33331	☐ Delete	TITLE NAME STREET ADDRESS	6931 Su	57 46 54	Change Addition
me V	☐ Delete	TITLE	CHVIE, F	<u> 2 33317 </u>	Change / Addition

	L pare		1 12.	ADDITIONS/CHANGES TO OFFICERS AND DIREC	71 MI GNU17	,
NAME A STREET HODRESS CITY-ST-ZIP	PSTD BROWN, DIANNA 4421 DOGWOOD CIRCLE WESTON FL 33331	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6931 SW 57 th St. DAVIE, FL 33314	ange 🔲 A	Addition
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NAME STREET ADDRESS CITY-ST-ZIP	orthy that the information any lived with this firm	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Cha	nge 🗋 Add	dition

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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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 9