

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90142 047 ***150.00

DOCUMENT # P01000074147

1. Entity Name
MISS D'S WORLD, INC.

Principal Place of Business
114 SEGOVIA CT.
ROYAL PALM BEACH FL 33411

Mailing Address
114 SEGOVIA CT.
ROYAL PALM BEACH FL 33411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1154890

☒ **Applied For**

☐ **Not Applicable**

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

LACAGNINA, DARALYN
114 SEGOVIA CT.
ROYAL PALM BEACH FL 33411

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **LACAGNINA, DARALYN**
STREET ADDRESS **114 SEGOVIA CT.**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

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

TITLE **D** ☐ Delete
NAME **MANCINI, JEAN**
STREET ADDRESS **114 SEGOVIA CT.**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Daralyn Lacagnina
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/02
 Date

Daytime Phone #

CR2E034 (4/02)

Attachment +
Doc 1H
PO1000074147
675202

Miss D's World:

7/15/02

To Whom it may Concern

This letter is to inform you that this is the first notice I have received. Due to the fact that this the first year I am a corporation I was not aware of this notice.

Please except this filing fee of \$150.00, For I am the officer & Director of this Corporation. ^{Please} except this request.

Thank-You
Daralyn Vacagnina
Daraf Vacagnina