

2002 UNIFORM BUSINESS REPORT (UBR)

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

07-16-2002 90382 001 ***150.00
 07-16-2002 90382 002 *****8.75

DOCUMENT # P01000081209

1. Entity Name
LADY ENTREPRENEURS, INC.

Principal Place of Business 10741 CLEARY BOULEVARD SUITE 102 PLANTATION FL 33324	Mailing Address 10741 CLEARY BOULEVARD SUITE 102 PLANTATION FL 33324
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2. Principal Place of Business <i>1580 Sawgrass Corp. Way Park-</i> Suite, Apt. #, etc. <i>Suite 130</i>	3. Mailing Address <i>1580 Sawgrass Corp. Way Park-</i> Suite, Apt. #, etc. <i>Suite 130</i>
City & State <i>Sunrise, FL</i>	City & State <i>Sunrise, FL</i>
Zip <i>33320</i> Country <i>US</i>	Zip <i>33320</i> Country <i>US</i>



DO NOT WRITE IN THIS SPACE

4. FEI Number <i>621131409</i>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6.-Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI FL 33145

7.-Name and Address of New Registered Agent

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WANDEN, KRISTIN C 10741 CLEARY BOULEVARD SUITE 102 PLANTATION FL 33324 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WANDEN, JOY A 10741 CLEARY BOULEVARD SUITE 102 PLANTATION FL 33324 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

Attachment
#P01000081209

97401



Thursday, July 11, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Notification letters not received.

To Whom It May Concern:

This letter is to inform the Divisions of Corporations that we, Lady Entrepreneurs, Inc. did not receive any notification to file before May 1st to pay the amount of \$150.00. I was advised on this day of July 11, 2002 by an agent at the Florida Department of State Division of Corporations to attach this letter with the original amount of \$150.00.

Please feel free to contact me with any questions, or concerns at the following number 954-382-0878.

Sincerely,

Sherley Victor
Office Manager

New Change of Address:
1580 Sawgrass Corp. Parkway
Suite 130
Sunrise, Florida 33320

