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**FILED** 

Mar 12, 2002 8:00 am

## 2002 UNIFORM BUSINESS REPORT (UBR)

## **Secretary of State** P01000109246 DOCUMENT # 1. Entity Name 01-30-2002 90137 034 \*\*\*150.00 NINA'S INTIMATE APPAREL, CORP. Principal Place of Business Mailing Address 777 NW 72ND AVENUE 777 NW 72ND AVENUE STE 2. PLAZA 6 STE 2. PLAZA 6 MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-1154 853 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - Name -DIAZ MARIA E-Street Address (P.O. Box Number is Not Acceptable) 777 NW 72ND AVENUE STE 2. PLAZA 6 MIAM! FL 33126 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (9/01) ☐ Addition TITLE Delete TITLE Change DIAZ, MARIA E NAME NAME CR2E034 777 NW 72ND AVENUE STE 2 PLAZA 6 STREET ADDRESS STREET ADDRESS **MIAMI FL 33126** CITY-ST-ZIP CITY - ST-7IP Сhange ■ Addition TITLE TITLE **VD** Delete DIAZ, FRANK NAME 777 NW 72ND AVENUE STE 2 PLAZA 6 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME DIAZ-NINA-NAME STREET ACORESS -STREET ADDRESS 777 NW 72ND AVENUE STE-2 PLAZA 6 CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP 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. WHAT ELENA DIAZ SIGNATURE:

OF SIGNING OFFICER OF DIRECTOR