FILED
Apr 04, 2003 8:00 am
Secretary of State
04-04-2003 90087 028 ***150.00

70033523

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000120660

1. Entity Name
DE NINA A MUJER, INC.

Principal Place of Business	Mailing Address
1664 WEST 72ND STREET HIALEAH, FL 33014	1664 WEST 72ND STREET HIALEAH, FL 33014

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5958 W 16th Ave	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah Fl	City & State:
Zip: 33012 Country: USA	Zip: Country:

4. FEI Number: EIN 26-0019977 ☐ 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
RAMOS, CARIDAD 1664 WEST 72ND STREET HIALEAH, FL 33014	Name: Caridad Ramos Street Address (P.O. Box Number Is Not Acceptable): 5958 W 16th Ave City: Hialeah FL Zip Code: 33012

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 ______________________ 4/02/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RAMOS, CARIDAD 1664 WEST 72ND STREET HIALEAH, FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	address change 5958 W 16th Ave Hialeah Fl 33012	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Caridad Ramos 4/02/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #