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
1664 WEST 72ND STREET
HIALEAH, FL 33014

Mailing Address
1664 WEST 72ND STREET
HIALEAH, FL 33014

2. Principal Place of Business
5958 W 16th Ave
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State: Hialeah Fl
Zip: 33012
Country: USA

City & State
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
RAMOS, CARIDAD
1664 WEST 72ND STREET
HIALEAH, FL 33014

7. Name and Address of New Registered Agent
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	PD ☐ Delete	TITLE	address change ☐ Change ☐ Addition
NAME	RAMOS, CARIDAD	NAME	
STREET ADDRESS	1664 WEST 72ND STREET	STREET ADDRESS	5958 W 16th Ave
CITY-ST-ZIP	HIALEAH, FL 33014	CITY-ST-ZIP	Hialeah Fl 33012
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

CR2E034 (10/02)