

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90948 031 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000053781

1. Entity Name
CYN-ELY LINGERIE, INC.



Principal Place of Business
**8293 GRAND CANAL DR
MIAMI, FL 33144**

Mailing Address
**8293 GRAND CANAL DR
MIAMI, FL 33144**

2. Principal Place of Business
**409 CHURCH ST
Suite, Apt. #, etc. C**

3. Mailing Address
**409 CHURCH ST
Suite, Apt. #, etc. C**



☐ CHECK HERE IF MAKING CHANGES

City & State
KISSIMMEE, FL

City & State
KISSIMMEE, FL

4. FEI Number
76-0726647

Applied For
☐ Not Applicable

Zip **34741** Country **US**

Zip **34741** Country **US**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, ELISA
8293 GRAND CANAL DR
MIAMI, FL 33144**

7. Name and Address of New Registered Agent

Name **GARCIA, ELISA**

Street Address (P.O. Box Number is Not Acceptable)

1014 DEDDINGTON PL

City **KISSIMMEE** **FL** Zip Code **34758**

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

Elisa Garcia

4/7/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's 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	DPS GARCIA, ELISA 8293 GRAND CANAL DR MIAMI, FL 33144	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GARCIA, ELISA 1014 DEDDINGTON PL KISSIMMEE, FL 34758	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Elisa Garcia

PRESIDENT

4/7/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)