

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

DOCUMENT # **P94000089398**
 1. Entity Name
MARILENE'S HAND PAINTED APPAREL, INC.

FILED
 02 JUN 20 PM 4: 45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1739 NW 38 AV.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 667527
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAUDERHILL, FL

City & State
POMPANO BEACH

4. FEI Number
65-0559169

Applied For
 Not Applicable

Zip
33311

Country
USA

Zip
33066

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
RICARDS, CHARLES R

Street Address (P.O. Box Number is Not Acceptable)
1936 S.E. 17TH COURT

City
LAUDERDALE BY-THE-SEA, FL

Zip Code
33062

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinsuring)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**January 1 - May 1, Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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	PRESIDENT OLIVEIRA, ALEX 2923 SW 11 PLACE DEERFIELD BCH., FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT RICARDS, MARILENE 1936 SE 17 CT. LAUD. BY-THE-SEA, FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500005694355--3 -06/06/02--01043--004 *****35.00 *****35.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY OLIVEIRA, ADRI MARTA 3545 W. ATLANTIC BLVD. # 716 POMPANO BCH., FL 33069	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	18
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **ALEX OLIVEIRA** **06/18/02** **(954) 731-4444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Blr/ Yr

CR2E034B (12/01)