

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

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90101 037 \*\*\*150.00

DOCUMENT # **P 97000033190**

1. Entity Name

**BOCA UNISEX INC.**

**DO NOT WRITE IN THIS SPACE**

**763364**

2. Principal Place of Business

3. Mailing Address

**BOCA UNISEX**

**3350 N.W. BOCA RATON BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# B26.**

**# B26.**

City & State

City & State

**BOCA RATON FL.**

**BOCA RATON FL.**

Zip

Country

Zip

Country

**33431**

**USA**

**33431**

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**MARIA G. MARTINEZ**

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

**22491 MARTELLA AVE.**

City

**BOCA RATON**

FL

Zip Code

**33433**

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]*

**4/6/02**

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**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.**  
**Ligia COTO**  
**10290 BROOKVILLE LANE**  
**BOCA RATON FL 33428.**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/6/02**

Date

Daytime Phone #

CR2E034B (12/01)

INTERNAL REVENUE SERVICE  
BROOKHAVEN IRS CAMPUS  
1040 WAVERLY AVE STOP 540  
HOLTSVILLE, NY 11742  
FAX: (631) 447-8960  
PHONE: 1-866-816-2065

(215 5161  
Attachment 3990



# P97000035120  
763364

Emp. ID # 19-04582

Date: 3/28/02

Request for Missing Information or  
Papers to Complete Form SS-4

To:

Ligia Cato

We are returning your Form SS-4 (Application for an Employer Identification Number) because we need more information to process it. Please complete the missing information indicated below and send us the original fax sent to us at (631) 447-8960. In case we need further information, please provide us your telephone number and the best hours to contact you.

Telephone: ( ) \_\_\_\_\_  
Fax: \_\_\_\_\_  
Hours Available: \_\_\_\_\_  
Number of Pages Including Cover: \_\_\_\_\_

**IMPORTANT: You must re-fax all pages, including this page, to obtain an EIN.**

**CORPORATION**

1. Line 1 should indicate the full corporate name as shown on the Certificate of Incorporation from the State.
2. Line 7 must indicate the name and Social Security Number or EIN of the principal officer, president, vice president, corporate secretary, corporate treasurer, or corporate executive officer.
3. Line 7 SSN or EIN does not match our records. Please verify the SSN with the Social Security Administration and send a copy of a letter from them on official letterhead with the correct name and Social Security Number.
4. A Certificate of Incorporation or filing receipt from the State with a current date stamp must be provided.
5. Line 14 must indicate the type of business activity the corporation is performing.
6. A signed Form 2848 or 8821 must accompany all Third Party requests.  
The mailing address on Lines 4a & 4b must be that of the taxpayer unless accompanied by Form 2848 or 8821.

Please Note:

BP