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2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2000 8:00 am
Secretary of State
05-12-2000 90067 029 ***150.00

DOCUMENT # P97000056829

1. *Entity Name*

INTIMATE OCCASSIONS, INC.

Principal Place of Business	Mailing Address
8711 SW 30 ST #101 DAVIE FL 33328 US	8711 SW 30 ST #101 DAVIE FL 33328-1826 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
599 N. University Drive	599 N. University Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation, FL	City & State: Plantation, FL
Zip: 33324 — Country: USA	Zip: 33324- — Country: USA

4. FEI Number 65-1015985 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOLINARI, DONNA
8711 SW 30 STREET
#101
DAVIE FL 33328

7. Name and Address of New Registered Agent

Name

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

City — FL — Zip Code

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 reinstating)

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOLINARI, DONNA 8711 SW 30 ST, #101 PLANTATION FL 33328 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Molinari, Donna 599 N. University Drive Plantation, FL 33324 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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

SIGNATURE: Donna Molinari — 4/27/2000 — 954-961-0653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOTAL P.01

Dx#P97000056829 / [redacted]308822

By telephone 6/15/2000

SS-4

February 1998)

Department of the Treasury

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN 65-1015985

OMB No. 1545-0003

1 Name of applicant (legal name) (see instructions)
Intimate Occassions, Inc.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
599 N. University Drive

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
Plantation, FL 33324

5b City, state, and ZIP code

6 County and state where principal business is located
Broward, FL

7 Name of principal officer, general partner, grantor, owner, or trustor – SSN or ITIN may be required (see instructions) ▶
Donna Molinari, President (SSN 592-50-5706)

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

- ☐ Sole proprietor (SSN) ___
- ☐ Partnership
- ☐ PEMIC
- ☐ State/local government
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent)
- ☐ Personal service corp.
- ☐ National Guard
- ☐ Farmer's cooperative
- ☐ Federal government/military
- ☐ Plan administrator (SSN)
- ☒ Other corporation (specify) ▶ Sub-S
- ☐ Trust

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: Florida — Foreign country: —

9 Reason for applying (Check only one box.) (see instructions)

- ☒ Started new business (specify type) ▶
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
June 1997

11 Closing month of accounting year (see instructions)
December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ none paid & none expected to be paid

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ▶

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (see instructions) ▶ catering

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.
☐ Business (wholesale) ☐ N/A ☐ Public (retail) ☐ Other (specify) ▶

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code): 954 472 8808
Fax telephone number (include area code): —

Name and title (Please type or print clearly.) ▶ Donna Molinari, President

Signature ▶ Donna Molinari Date ▶ 6/15/2000

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

For Paperwork Reduction Act Notice, see page 4.

Form SS-4 (Rev. 2-98)

DXA