2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9700082206 1. Entity Name DEVIL WOMAN, INC. Mailing Address Principal Place of Business 5540 FOX HOLLOW DRIVE 5540 FOX HOLLOW DRIVE **BOCA RATON FL 33486 BOCA RATON FL 33486** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent BADACH, FRANK J Street Address (P.0 5540 FOX HOLLOW DRIVE **BOCA RATON FL 33486** City 8. The above named entity submits this statement for the purpose of changing its registered office or registered

Feb 19, 2001 8:00 am Secretary of State

02-19-2001 90262 026 ***150.00

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FOX HOLLOW DRIVE A RATON FL 33486								
failing Address								
uite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
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		4.	El Number	65-0784086	;		lot Applicable	
ip	Country	5. 0	Dertificate of	tificate of Status Desired S8.75 Additional Fee Required				
ered Agent		7. N	lame and Ac	dress of New R	egistered A	\gent		
سيرين المراج الم	Name			e veren especi	/ - 			
	Street Addr	ress (P.O. B	ox Number is	s Not Acceptable)			
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	City				FL	Zip Coo	de	
erpose of changing its re	egistered office or re		···	n the State of Flo	orida. DATE			
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
TORS	12.	AD	DITIONS/CH	IANGES TO OFFI	ICERS AND	DIRECTOR		
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
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not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information urange and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information indicated on this report or suppley of the corporation or the receive changed, or on an attachment

☐ Delete

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIGNATURE

11.

TITLE

NAME

NAME

TITLE NAME

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(See criteria on back)

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

OFFICERS AND DIRECTORS

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

BADACH, FRANK J

5540 FOX HOLLOW DRIVE

BOCA RATON FL 33486

BADACH OF SIGNING SECTOR DISECTOR

☐ Change

☐ Addition

CR2E034 (10/00)