

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90123 035 \*\*\*150.00

0036173 AV

**DOCUMENT # P97000108800**  
 1. Entity Name  
**VIVIAN'S FASHION, INC.**

Principal Place of Business <b>169 E. FLAGLER ST.          SUITE 1534. PMB#1140          MIAMI FL 33131</b>	Mailing Address <b>169 E. FLAGLER ST.          SUITE 1534. PMB#1140          MIAMI FL 33131</b>
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2. Principal Place of Business <b>7014 W 16th Ct</b>	3. Mailing Address <b>7014 W 16th Ct.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Highland, FL</b>	City & State <b>Highland, FL</b>	4. FEI Number <b>SEE ATTACHED</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <b>33014</b>	Country <b>MIAMI-DADE</b>	Zip <b>33014</b>	Country <b>MIAMI-DADE</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>BROUWER, IRAIDA R          7315 S.W. 18 ST RD.          MIAMI FL 33155</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MANUEL IGNACIO PACHECO MATEUS</b> <b>12615 SW 91 STREET</b> <b>MIAMI FL 33186</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLARA INES TORRES</b> <b>12615 SW 91 STREET</b> <b>MIAMI FL 33186</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** \_\_\_\_\_ **7/21/01 (305) 718-4400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

ATTACHMENT  
10509

Form **SS-4**

### Application for Employer Identification Number

(Rev. February 1998)  
Department of the Treasury  
Internal Revenue Service

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

EIN  
OMB No. 1545-0003

▶ Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <b>VIVIAN'S FASHION, INC</b>		EIN <b>P97000108800</b>	
	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.) <b>7814 W 16th Ct.</b>		5a Business address (if different from address on lines 4a and 4b)	
	4b City, state, and ZIP code <b>HALEAH, FL 33014</b>		5b City, state, and ZIP code	
	6 County and state where principal business is located <b>MIAMI-DADE County</b>			
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶ <b>MANUEL I PACHECO</b>			

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
- REMIC
- State/local government
- Church or church-controlled organization
- Other nonprofit organization (specify) ▶
- Other (specify) ▶ **CORPORATION**
- Estate (SSN of decedent)
- Plan administrator (SSN)
- Other corporation (specify) ▶
- Trust
- Federal government/military

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) ▶ **IMPORT WOMAN DRESSES**  
 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) **7/26/01** 11 Closing month of accounting year (see instructions) **12/31/01**

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) ▶ **N/A**

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

14 Principal activity (see instructions) ▶ **IMPORT WOMEN DRESSES**

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)  Public (retail)  Other (specify) ▶  N/A

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) **(305) 718-4400**  
Fax telephone number (include area code) **(305) 718-4408**  
Name and title (Please type or print clearly.) ▶ **Manuel Pacheco**

Signature ▶ *[Signature]* Date ▶ **7/26/01**

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

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