

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108800

1. Entity Name
VIVIAN'S FASHION, INC.

Principal Place of Business

7814 W 16TH CT
HIALEAH FL 33014

Mailing Address

7814 W 16TH CT
HIALEAH FL 33014
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10200 NW 25TH ST.

3. Mailing Address

10200 NW 25TH STREET

Suite, Apt. #, etc.

SUITE 207

Suite, Apt. #, etc.

SUITE # 207

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

9-232-1092

Applied For

Not Applicable

Zip

33172

Country

MIAMI-DADE

Zip

33172

Country

MIAMI-DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROUWER, IRAIDA R
7315 S.W. 18 ST RD.
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name ~~Rodolfo J. Suarez~~
Street Address (P.O. Box Number is Not Acceptable)
7814 W 16TH CT
City HIALEAH FL Zip Code 33014

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 *Rodolfo Suarez*

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE D
NAME MANUEL IGNACIO PACHECO MATEUS
STREET ADDRESS 12615 SW 91 STREET
CITY-ST-ZIP MIAMI FL 33186 Delete

TITLE D
NAME CLARA INES TORRES
STREET ADDRESS 12615 SW 91 STREET
CITY-ST-ZIP MIAMI FL 33186 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

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: *Manuel Pacheco*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL PACHECO
Director

3/28/02 (305) 718-4400
Date Daytime Phone #

CR2E034 (9/01)