

4/7/

**FILED****May 12, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90569 031 \*\*\*150.00

**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**

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 &amp; State

**MIAMI, FLORIDA**

City &amp; State

**MIAMI, FLORIDA**

Zip

**33172**

Country

**MIAMI-DADE**

Zip

**33172**

Country

**MIAMI-DADE**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2321092**

Applied For

Not Applicable

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 J. 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** ☐ Delete  
NAME **MANUEL IGNACIO PACHECO MATEUS**  
STREET ADDRESS **12615 SW 91 STREET**  
CITY-ST-ZIP **MIAMI FL 33186**TITLE **D** ☐ Delete  
NAME **CLARA INES TORRES**  
STREET ADDRESS **12615 SW 91 STREET**  
CITY-ST-ZIP **MIAMI FL 33186**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)