

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000009232**

1. Entity Name

MAITE UNISEX FASHION, INC

FILED

01 JUL -3 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**5105 E 10 CT
HIALEAH FL 33013**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1999-2001 UBR

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROMUALDO A. PONTE
5105 E 10 CT
HIALEAH FL 33013**

Name

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

City

FL

Zip Code

8. This ~~entity~~ ~~has~~ ~~been~~ ~~formed~~ ~~in~~ ~~the~~ ~~purpose~~ ~~of~~ ~~changing~~ ~~its~~ ~~registered~~ ~~office~~ ~~or~~ ~~registered~~ ~~agent~~ ~~, or both, in the State of Florida.~~

SIGNATURE

(Signature of registered agent or registered agent and filed if applicable)

(NOTE: Registered Agent signature required when not adding)

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, 2001 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 ☐ Delete
NAME **ROMUALDO A PONTE**
STREET ADDRESS **5105 E 10 CT**
CITY-ST-ZIP **HIALEAH FL 33013**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Romualdo A Ponte**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2003 (11/00)

202

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 450.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **MAITE UNISEX FASHION, INC.**

Thank you for your courtesy in this matter.



ROMUALDO A PONTE
PRESIDENT