

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90148 037 ***150.00

DOCUMENT # P98000009880

1. Entity Name

SUN & SOL SWIMWEAR CORP.

Principal Place of Business

1534 YELLOW HEART WAY
 HOLLYWOOD FL 33019

Mailing Address

1534 YELLOW HEART WAY
 HOLLYWOOD FL 33019

C0007813

2. Principal Place of Business*

1015 Weeping Willow Way

3. Mailing Address

1015 Weeping Willow Way

DO NOT WRITE IN THIS SPACE

City & State

Hollywood FL

City & State

Hollywood FL

4. FEI Number 65-0810229

Applied For
 Not Applicable

Zip 33019

Country Broward

Zip 33019

Country Broward

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUKIN, JAVIER L
 1534 YELLOW HEART WAY
 HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name LUKIN, JAVIER L

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

1015 Weeping Willow Way

City Hollywood

FL

Zip Code 33019

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

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, 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	LUKIN, JAVIER L	
STREET ADDRESS	1534 YELLOW HEART WAY	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	LUKIN, ALICIA F	
STREET ADDRESS	1534 YELLOW HEART WAY	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUKIN, JAVIER L	
STREET ADDRESS	1015 Weeping Willow Way	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUKIN, ALICIA	
STREET ADDRESS	1015 Weeping Willow Way	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAVIER LUKIN

1/22/2001

Daytime Phone #

0102115

CR2E034 (10/00)