

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059408

1. Entity Name

MARITZA'S FASHION OF PALM BEACH, INC.

FILED

02 MAY 16 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5285 FOX TRACE DR.
WEST PALM BEACH, FL
33417

Mailing Address
5285 FOX TRACE DR.
WEST PALM BEACH, FL
33417

2. Principal Place of Business
3911 JOG RD.

3. Mailing Address
1200 TOWN CENTER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
215

City & State
GREENACRES, FL

City & State
JUPITER, FL

Zip
33647

Country
USA

Zip
33458

Country
USA

4. FEI Number
65-0846118

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARITZA DOYLE
1200 TOWN CENTER DR. APT. 215
JUPITER, FL 33458

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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

04/29/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEES 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	P	<input type="checkbox"/> Delete
NAME	MARITZA DOYLE	
STREET ADDRESS	1200 TOWN CENTER DR. 215	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JACK DOYLE	
STREET ADDRESS	1200 TOWN CENTER DR. APT. 215	
CITY-ST-ZIP	JUPITER, FL 33458	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	400005666054--7
CITY-ST-ZIP	-06/03/02--01091--003
TITLE	***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	400005666054--7
CITY-ST-ZIP	-06/03/02--01091--004
TITLE	***150.00 <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	
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

Date

Daytime Phone #

04/29/02 (501)
434-3144

373-9847

CR2F034 (9/01)