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| 2002 UNIFORM BUSINESS REPORT (UBR) | | | | | | | Aug 11, 2002 8:00 am | | | | | | |
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| | DOCUMENT # P98000088645 | | | | | Secretary of State | | | | | | | |
| 1. Entity Nam | | D INC | | | , | / | 08-11- | 2002 901 | , 53 042 *** | 150.00 | | 3 | |
| SOLAMAISE | SWIMWEA | H, INC. | | | / | | | | | | | | |
| | | | | | , | | | | | | | | |
| Principal Plac | e of Business | | Mailing Address | | | | | | | | | | |
| 265 GOOLSBY BLVD 265 GOOLSBY BLVD | | | | | | | | | ~ ~ 0.00 | , | | | |
| | EACH FL 33442 | | DEERFIELD BEACH FL 334 | 42 | | | | BU. | 133806 |) | | | |
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| 6 6 00 | Place of Business | ERS CIRCLE | 3. Mailing Address | L. Ro | Cases 1 | CIECLE | | | | | | | |
| Suite, Apt. | | CIRCLO | Suite, Apt. #, etc. | | | | | DO NOT V | VRITE IN THIS | SPACE | | | |
| UNIT # 14 | | | UNIT # 14 | | | | | | | | | | |
| City & Stat | RATON | FL | BUCA RATON, FL | | | 4. | FEI Number | 65-08750 | 64 | | plied For t Applicable | 1 | |
| Zip | . 0 | ountry | Zip | Count | iry . | 5 | Certificate of S | tatus Desire | d 🗍 | \$8.75 Add | | 1 | |
| 3348 | | USA | 33487 | | <u>ÚS A</u> | | | | | Fee Require | d | 4 | |
| | 6. Name and | Address of Current R | egistered Agent | | Name | 7. | Name and Ad | dress of Ne | w Registered | Agent | | ┤~ | |
| REDMAN, | VESESSA | | | | | | | | | | | ╛ | |
| 3641 W HILLSBORO BLVD | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| #F102 | | | | İ | • | | | | -1 | | | 1 | |
| COCONU | T CREEK FL 3: | 3073 | | } | <u> </u> | H KF | 4TON | FL | | Zin Cod | e. | ┨ | |
| | | | | | | FL Zip Code 33 48 7 or registered agent, or both, in the State of Florida. I am familiar with, and accept | | | | | | | |
| | named entity sultions of registered | | the purpose of changing its re | egistere | ed office or | registered a | gent, or both, i | n the State o | f Florida. 1 am | familiar with, | and accept | | |
| | | V Rodi | W LANA | REI | Nu A | له - | | | 8/11 | 0.2 | | | |
| SIGNATURE. | Signature, typed or pri | nted name of registered agent and | d title if applicable. (NOTE: | Registered | Agent signati | re required when | reinstating) | | DATE | <u> </u> | | | |
| 9. This corpo | oration is eligible | to satisfy its Intangible | FILE NOW!!! | FEE | IS \$550. | 00 | 1 | | | | _ | 1 | |
| Tax filing requirement and elects to do so/ After Septem | | | After September 13, | 13, 2002 Fee will be \$750 | | | | n Campaign und Contrib | | \$5.0 □ Added | 0 May Be to Fees | | |
| · · | ria on back) | ☑′ | Make Check Payable | | partmen | | | | | | | | |
| 11. | | OFFICERS AND D | | 12. | | A | DDITIONS/CH | ANGES TO | OFFICERS AN | | | ۱۲ | |
| TITLE NAME | P Delete | | TITLE | | REDM | AN VEN | ESSA | | ⊠ Change | ☐ Addition | (4/02 | | |
| STREET ADDRESS 3641 W HILLSBORO BLVD #F102 | | | | Et address | | S. MIL | TARY | TRAIL # | FIOT | | E034 | | |
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| NAME | | | | | | REDIMA | | | | | | | |
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| STREET ADDRESS | | | | T ADDRESS | | ಉ. ೩೮೮೧ | 25 CIRC | LE #14 | | | | | |
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| STREET ADDRESS | | | | | ET ADDRESS | | | | | | | | |

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:

| Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution | Solution

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Ottach munt 88645
Sunwise Swimwear Inc.

6600 W. Rogers Circle #14, Boca Raton Fl. 33487 Tel: 561-443-7005 Fax 561-443-3354

To whom it may Concern

We did not receive a first Uniform Business report. I sincerely apologize that you had to send a second notice and request that you waive the late penalty. We are a small corporation and cannot afford to pay the late fee. I have marked on our small corporation and cannot arrord to pay the late too. I have marked on our calendar that it is due annually before May 1st and will ensure that I do not submit it late again.

Thank you for your understanding.

Venessa Redman

