

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State
07-22-2002 90151 004 ***150.00

DOCUMENT # **P99000017455**

1. Entity Name
INTIMATE INC.

Principal Place of Business

5220 NW 72 AVE. #22
MIAMI FL 33166

Mailing Address

5220 NW 72 AVE. #22
MIAMI FL 33166

2. Principal Place of Business

777 NW 72 AVE

Suite, Apt. #, etc.

SUITE 2H11

City & State

MIAMI, FLORIDA

Zip

33126

Country

Dade

3. Mailing Address

777 NW 72 AVE

Suite, Apt. #, etc.

SUITE 2H11

City & State

MIAMI, FLORIDA

Zip

33126

Country

Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0899109

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHIRDARIS, JULIE

5220 NW 72 AVE., #22

MIAMI FL 33166

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

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 **CHIRDARIS, JULIE**
STREET ADDRESS **2 E SUNRISE AVE**
CITY-ST-ZIP **CORAL GABLES FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

CR2E034 (9/01)

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:

JULIE CHIRDARIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305.262.1963

Attachment
Document #
P99 0000017455

INTIMATE, INC.
JULIE CHIRDARIS
777 NW 72 AVE #2H11
MIAMI, FLORIDA 33126
305-262-1963
305-262-5187
balalaikaNA@aol.com

July 15, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern,

I am sending in payment for \$150.00 since I received this form in the month
of July.

Sincerely Yours,



Julie Chirdaris