

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034470

1. Entity Name

LINGERIE TEMPTATION, CORP.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90086 038 ***150.00

Principal Place of Business

1904 SW 82ND AVENUE
NORTH LAUDERDALE FL 33068

Mailing Address

1904 SW 82ND AVENUE
NORTH LAUDERDALE FL 33068-4715

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0906779

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOARES PEREIRA, CARMELITA
1904 SW 82ND AVENUE
NORTH LAUDERDALE FL 33068

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, 2000 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	VPS	<input type="checkbox"/> Delete
NAME	PEREIRA, MARCELO	
STREET ADDRESS	8437 N. CORAL CIRCLE	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	PT	<input type="checkbox"/> Delete
NAME	SOARES PEREIRA, CARMELITA	
STREET ADDRESS	8437 N. CORAL CIRCLE	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEREIRA, MARCELO JR.	
STREET ADDRESS	8437 N. CORAL CIRCLE	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOARES PEREIRA, VANESSA	
STREET ADDRESS	8437 N. CORAL CIRCLE	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOARES PEREIRA, MICHELLE	
STREET ADDRESS	8437 N. CORAL CIRCLE	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUES, ADAILTON	
STREET ADDRESS	8437 N. CORAL CIRCLE	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/2000 (954) 7211524

Date

Daytime Phone #

CR2E034 (9/99)