

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034470

1. Entity Name

LINGERIE TEMPTATION, CORP.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90274 050 ***150.00

Principal Place of Business

1904 SW 82ND AVENUE
NORTH LAUDERDALE FL 33068

Mailing Address

1904 SW 82ND AVENUE
NORTH LAUDERDALE FL 33068

LUUD36U1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1939 NW 38TH AVE

3. Mailing Address

Suite, Apt. #, etc.

State

City & State

LAUDERHILL FL

Zip 33311

Country USA

Zip

Country

4. FEI Number 65-0906779

Applied For

Not Applicable

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

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 SOARES PEREIRA, CARMELITA

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

1939 NW 38TH AVE

City LAUDERHILL

FL

Zip Code 33068

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

[Signature]

03/12/01

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 VPS
NAME PEREIRA, MARCELO
STREET ADDRESS 8437 N. CORAL CIRCLE
CITY-ST-ZIP NORTH LAUDERDALE FL 33068 ☐ Delete

TITLE P
NAME SOARES PEREIRA, CARMELITA
STREET ADDRESS 8437 N. CORAL CIRCLE
CITY-ST-ZIP NORTH LAUDERDALE FL 33068 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/01 (954) 485-0991

Date

Daytime Phone #

CR2E034 (10/00)