

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90066 044 ***150.00

0181428 AV

DOCUMENT # P99000034470

1. Entity Name
LINGERIE TEMPTATION, CORP.

Principal Place of Business
**1737 NW 38TH AVE
 LAUDERHILL FL 33311**

Mailing Address
**1904 SW 82ND AVENUE
 NORTH LAUDERDALE FL 33068**

2. Principal Place of Business
5331 N. STATE ROAD 7

3. Mailing Address
5331 N. STATE ROAD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMARAC, FL

City & State
TAMARAC, FL

4. FEI Number **65-0906779**

Applied For
 Not Applicable

Zip **33319**

Country **USA**

Zip **33319**

Country **USA**

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

6. Name and Address of Current Registered Agent

**SOARES PEREIRA, CARMELITA
 1737 NW 38TH AVE
 LAUDERHILL FL 33311**

7. Name and Address of New Registered Agent

Name **TAX HOUSE CORP.**

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

3929 N. FEDERAL HWY

City **Pompano Beach**

FL

Zip Code **33064**

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

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

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 **VPS** ☒ Change ☐ Addition
 NAME **PEREIRA, MARCELO**
 STREET ADDRESS **1904 SW 82ND AVE**
 CITY-ST-ZIP **N. LAUDERDALE, FL 33068**

TITLE **P** ☒ Change ☐ Addition
 NAME **SOARES PEREIRA, CARMELITA**
 STREET ADDRESS **1904 SW 82ND AVE**
 CITY-ST-ZIP **N. LAUDERDALE, FL 33068**

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

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

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

TITLE ☐ Change ☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/2002 (954) 485-0991

Date

Daytime Phone #

CR2E034 (9/01)