

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90176 047 ***150.00

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DOCUMENT # P99000034470

1. Entity Name
LINGERIE TEMPTATION, CORP.



Principal Place of Business
**5331 N STATE RD 7
FORT LAUDERDALE FL 33319**

Mailing Address
**5331 N STATE RD 7
FORT LAUDERDALE FL 33319**



2. Principal Place of Business

209 NE 33RD ST

Suite, Apt. #, etc.
OAKLAND PARK

City & State
FLORIDA

Zip Country
33334 U.S.A.

3. Mailing Address

209 NE 33RD ST

Suite, Apt. #, etc.
OAKLAND PARK

City & State
FLORIDA

Zip Country
33334 U.S.A.

☐ CHECK HERE IF MAKING CHANGES

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

**TAX HOUSE CORP
3929 N FEDERAL HWY
POMPANO BEACH FL 33-0645**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VPS** ☐ Delete
NAME **PEREIRA, MARCELO**
STREET ADDRESS **1904 SW 82ND AVE**
CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

TITLE **P** ☐ Delete
NAME **SOARES PEREIRA, CARMELITA**
STREET ADDRESS **1904 SW 82ND AVE**
CITY-ST-ZIP **N 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

11. 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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/03

Date

Daytime Phone #

CR2E034 (10/02)