

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90117 050 ***150.00

DOCUMENT # P99000075914

1. Entity Name

LINGERIE OUTLET, INC.

Principal Place of Business

Mailing Address

3601 E. SANDPIPER DR. SUITE #8
 BOYNTON BEACH FL 33436-2472

3601 E. SANDPIPER DR. SUITE #8
 BOYNTON BEACH FL 33436-2472

4988 SABLE PINE CIRCLE
 W. PALM BEACH FL 33417

4988 SABLE PINE CIRCLE
 W. PALM BEACH FL 33417

2. Principal Place of Business

4988 SABLE PINE CIRCLE

3. Mailing Address

4988 SABLE PINE CIRCLE

Suite, Apt. #, etc.

909A1

Suite, Apt. #, etc.

909A1

City & State

W. PALM BEACH FL

City & State

W. PALM BEACH FL

Zip

33417

Country

PALM BEACH

Zip

33417

Country

FL BEACH

4. FEI Number

65-0943127

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, SHARON L
 3601 E. SANDPIPER DR., SUITE #8
 BOYNTON BEACH FL 33436-2472

4988 SABLE PINE CIRCLE
 SUITE 909A1
 W. PALM BEACH FL
 33417

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME P
 STREET ADDRESS GONZALEZ, SHARON L
 CITY-ST-ZIP 3601 E. SANDPIPER DR., SUITE #8
 BOYNTON BEACH FL 33436-2472

TITLE ☒ Change ☐ Addition
 NAME SHARON L. GONZALEZ
 STREET ADDRESS 4988 SABLE PINE CIRCLE 909A1
 CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Sharon L. Gonzalez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (561) 689-4988
 Date Daytime Phone #

CR2E034 (10/00)