

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 05, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000096637**1. Entity Name
SOULMATE BY LISA MARIE, INC.

Principal Place of Business	Mailing Address
12371 NW 7TH CT	12371 NW 7TH CT
POMPANO BEACH FL 33071	POMPANO BEACH FL 33071

2. Principal Place of Business	3. Mailing Address
901 NW 85 TERRACE	901 NW 85 TERRACE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
#1415	#1415

City & State	City & State
CORAL SPRINGS FL	CORAL SPRINGS FL

Zip	Country	Zip	Country
33324	US	33324	US

4. FEI Number	Applied For
65-0971329	<input type="checkbox"/> Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**FERNANDEZ CAROL**
201 S BISCAYNE BLVD
20TH FLOOR
MIAMI FL 33131
US**7. Name and Address of New Registered Agent**

Name
CROSTHWAIT LINDA
Street Address (P.O. Box Number is Not Acceptable)
12371 NW 7TH COURT
City
CORAL SPRINGS FL 33071

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 **LINDA CROSTHWAIT****06/05/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	FLORIAN LISA	
STREET ADDRESS	12371 NW 7TH CT	
CITY-ST-ZIP	POMPANO BEACH FL 33071	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORIAN LISA	
STREET ADDRESS	901 NW 85 TERRACE #1415	
CITY-ST-ZIP	PLANTATION FL 33324	

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: Lisa Marie Florian**PD****06/05/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)