FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90168 019 ***150.00

90113651

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100763

1. Entity Name
BIANCA'S WEAR WITH LOVE, INC.

Principal Place of Business	Mailing Address
917 WASHINGTON AVENUE MIAMI BEACH, FL 33140	917 WASHINGTON AVENUE MIAMI BEACH, FL 33140

2. Principal Place of Business	3. Mailing Address
2446 FILLMORE ST	2446 FILLMORE ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD, FLORIDA	City & State: HOLLYWOOD, FLORIDA
Zip: 33020 Country: DADE	Zip: 33020 Country: DADE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0961510 — 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
DIAZ, BIANCA 917 WASHINGTON AVENUE MIAMI BEACH, FL 33140	Name: DIAZ, BIANCA Street Address (P.O. Box Number Is Not Acceptable): 2446 FILLMORE ST City: HOLLYWOOD FL Zip Code: 33020

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: X Bianca M. Diaz X
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when resigning) DATE

FILE NOW! FEE: $150.00
Effective May 1, 2003 Fee will be $160.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTSD DIAZ, BIANCA 917 WASHINGTON AVENUE MIAMI BEACH, FL 33140 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTSD DIAZ, BIANCA 2446 FILLMORE ST HOLLYWOOD, FL 33020 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: X Bianca M. Diaz 4/28/03 954 994-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EC034 (10/02)

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

Attachment

90113651
P99000100763

DOCUMENT #

1. Entity Name

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 2446 Fillmore St
Suite, Apt. #, etc.

3. Mailing Address: 2446 F
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: Hollywood
Zip: 33020 Country: BROWARD

City & State
Zip: 33020 Country

4. FEI Number: 65-0961510 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DIAZ BIANCA

Street Address (P.O. Box Number is Not Acceptable): 2446 Fillmore St

City: Hollywood FL Zip Code: 33020

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: Bianca M. Diaz
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

☑ CHANGE

TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD DIAZ BIANCA 2446 Fillmore St Hollywood FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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SIGNATURE: Bianca M. Diaz — 4/28/03 — (954) 924-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)