

DOCUMENT # 811203

1. Entity Name

VIRGINIA KAYE INC

Principal Place of Business

Mailing Address

1187 HILLSBORO BEACH
POMPANO BEACH FL 33062

1187 HILLSBORO BEACH
POMPANO BEACH FLA 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0793433

Applied For

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

7. Name and Address of New Registered Agent

SILVERSTEIN, IRWIN
1187 HILLSBORO BEACH
POMPANO BEACH FL 33062

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD Delete
NAME NAZETTE, RICHARD
STREET ADDRESS 1187 HILLSBORO MILE, #5W
CITY-ST-ZIP HILLSBORO BEACH FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD Delete
NAME MILLER, MARY
STREET ADDRESS 1187 HILLSBORO MILE, #12W
CITY-ST-ZIP HILLSBORO BEACH FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD Delete
NAME MARGIORE, ADELE
STREET ADDRESS 1187 HILLSBORO MILE #1W
CITY-ST-ZIP HILLSBORO BEACH FL

TITLE TD Change Addition
NAME FISHER, JOHN
STREET ADDRESS 1187 HILLSBORO MILE, #3E
CITY-ST-ZIP HILLSBORO BEACH, FL 33062

TITLE VD Delete
NAME OSGOOD, RICHARD
STREET ADDRESS 1187 HILLSBORO MILE #1E
CITY-ST-ZIP HILLSBORO BEACH FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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 617, 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:

Mary Miller
Mary Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000
Date

Daytime Phone #

CR2E037 (9/99)