

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90574 012 ***150.00

DOCUMENT # P99000021067

1. Entity Name

AFFAIRES & PLAISIR, INC.

Principal Place of Business

Mailing Address

~~3440 HOLLYWOOD BLVD~~
~~360~~
~~HOLLYWOOD FL 33021~~

~~3440 HOLLYWOOD BLVD~~
~~360~~
~~HOLLYWOOD FL 33021~~

2. Principal Place of Business

17050 N. Bay Rd.

3. Mailing Address

17050 N. Bay Rd.

Suite, Apt. #, etc.

303

Suite, Apt. #, etc.

303

City & State

Sunny Isles - FL.

City & State

Sunny Isles - FL.

Zip

33160

Country

USA

Zip

33160

Country

USA

4. FEI Number

65-0901147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A
3440 HOLLYWOOD BLVD
SUITE 360
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name **Hernan Vergara Av**
Street Address (P.O. Box Number is Not Acceptable)
17050 N. Bay Rd. # 303
City **Sunny Isles** FL Zip Code **33160**

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)

3-27-02

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, 2002 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

TITLE	DPT	<input checked="" type="checkbox"/> Delete
NAME	VERGARA, HERNAN A	
STREET ADDRESS	AV ROQUE SAENZ PENA 1219, 1 PISO OF 103	
CITY-ST-ZIP	1035 BUENOS AIRES ARGENTINA	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	LIBSFRANT, PATRICIA IRENE	
STREET ADDRESS	AV ROQUE SAENZ PENA 1219, 1 PISO OF 103	
CITY-ST-ZIP	1035 BUENOS AIRES ARGENTINA	
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	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vergara Hernan A.	
STREET ADDRESS	17050 N. Bay Rd # 303	
CITY-ST-ZIP	Sunny Isles - FL 33160	
TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Libsfrant Patricia Irene	
STREET ADDRESS	17050 N. Bay Rd # 303	
CITY-ST-ZIP	Sunny Isles - FL 33160	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-02 305.947.4423

Date

Daytime Phone #

CR2E034 (9/01)