

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-07-2002 90574 012 ***150.00

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AV

DOCUMENT # P99000021067

1. Entity Name
AFFAIRES & PLAISIR, INC.

Principal Place of Business 3440 HOLLYWOOD BLVD 360 HOLLYWOOD FL 33021	Mailing Address 3440 HOLLYWOOD BLVD 360 HOLLYWOOD FL 33021
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2. Principal Place of Business 17050 N. Bay Rd.	3. Mailing Address 17050 N. Bay Rd.
Suite, Apt. #, etc. 303	Suite, Apt. #, etc. 303

DO NOT WRITE IN THIS SPACE

City & State Sunny Isles - FL.	City & State Sunny Isles - FL.
Zip 33160	Zip 33160
Country USA	Country USA

4. FEI Number 65-0901147	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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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 DATE **3-27-02**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	DPT VERGARA, HERNAN A AV ROQUE SAENZ PENA 1219, 1 PISO OF 103 1035 BUENOS AIRES ARGENTINA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LIBSFRANT, PATRICIA IRENE AV ROQUE SAENZ PENA 1219, 1 PISO OF 103 1035 BUENOS AIRES ARGENTINA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Vergara Hernan A. 17050 N. Bay Rd # 303 Sunny Isles - FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Libsfrant Patricia Irene 17050 N. Bay Rd # 303 Sunny Isles - FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE: **3-27-02** DAYTIME PHONE #: **305 947 4423**

Signature and typed or printed name of signing officer or director

CR2E034 (9/01)