

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90082 040 ***150.00

DOCUMENT # P99000021067

1. Entity Name
AFFAIRES & PLAISIR, INC.



Principal Place of Business
**17050 W BAY RD
303
MIAMI FL 33160**

Mailing Address
**17050 W BAY RD
303
MIAMI FL 33160**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

**HANON, VESGARA
1050 N BAY RD #303
MIAMI FL 33150**

7. Name and Address of New Registered Agent

Name **HERNAN A. VERGARA**
Street Address (P.O. Box Number is Not Acceptable)
17050 NORTH BAY ROAD # 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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

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 **DPT** ☒ Delete
NAME **VIAGARA, HERNON A**
STREET ADDRESS **17050 N BAY RD #303**
CITY-ST-ZIP **MIAMI FL 33160**

TITLE **DPT** ☒ Change ☐ Addition
NAME **VERGARA HERNAN A.**
STREET ADDRESS **17050 NORTH BAY RD # 303**
CITY-ST-ZIP **MIAMI, FL. 33160**

TITLE **DVS** ☒ Delete
NAME **LIBSFUNT, PATRICIA**
STREET ADDRESS **17050 N BAY RD #303**
CITY-ST-ZIP **MIAMI FL 33160**

TITLE **DVS** ☒ Change ☐ Addition
NAME **LIBSFUNT PATRICIA J.**
STREET ADDRESS **17050 NORTH BAY RD # 303**
CITY-ST-ZIP **MIAMI, FL. 33160**

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

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 17th, 03 (305) 944-0744

Date

Daytime Phone #

CR2E034 (10/02)