

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 07, 2001 8:00 am
Secretary of State

06-07-2001 90193 005 ***550.00

DOCUMENT # F97000000160

1. Entity Name

VERSAILLES LIGHTING INC.

Principal Place of Business

**224 WEST 30TH ST.
NEW YORK NY 10001**

Mailing Address

**224 WEST 30TH ST.
NEW YORK NY 10001**

2. Principal Place of Business

1295 SW 4TH AVE.

Suite, Apt. #, etc.

3. Mailing Address

242 W. 30TH ST.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

NEW YORK, NY

4. FEI Number

13-3136421

Applied For

Not Applicable

Zip

33444

Country

PALM BEACH

Zip

10001

Country

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

6. Name and Address of Current Registered Agent

**GUEDJ, MAX
5713 VINDELA PLATA CIRCLE
DELRAY BEACH FL 33434**

7. Name and Address of New Registered Agent

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 re-registering)

DATE

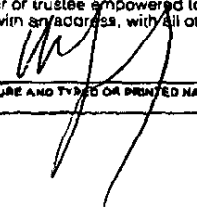
9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
P	GUEDJ, MAX	5713 VIA DE LA PLATA CIRCLE	DELRAY BEACH FL 33434	☐
ST	LOCKE, MAURINE	3935 BLACKSTONE AVE	BRONX NY 10471	☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/01

(561) 278-8758

DeAnna Parris