

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State
 03-26-2001 90008 025 ***150.00

DOCUMENT # H57809

1. Entity Name
MARGO OF POMPANO BEACH, INC.

Principal Place of Business

2668 E. ATLANTIC BLVD.
 POMPANO BEACH FL 33062
 US

Mailing Address

3231 FIESTA WAY
 POMPANO BEACH FL 33062
 US

2. Principal Place of Business

3. Mailing Address

2668 E ATLANTIC BVD

Suite, Apt. #, etc.

POMPANO BCH.

City & State

FL.

Zip

33062

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DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2655984** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERGERON, MARGUERITE
509 HIBISCUS AVE
#7
POMPANO BEACH FL 33602

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BERGERON, MARGUERITE	
STREET ADDRESS	509 HIBISCUS AVE. #7	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	V	<input type="checkbox"/> Delete
NAME	BERGERON, DENIS	
STREET ADDRESS	3231 FIESTA WAY	
CITY-ST-ZIP	POMPANO BCH. FL 33062	
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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

Date

Daytime Phone #

CR2E034 (10/00)