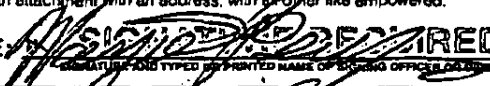


FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90211 049 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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 2668 E. ATLANTIC BLVD. POMPANO BEACH FL 33062 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 BERGERON MARGUERITE Street Address (P.O. Box Number is Not Acceptable) 3060 NW 1 AVENUE City POMPANO BCH FL 33064	
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 		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 NAME STREET ADDRESS CITY-ST-ZIP	P BERGERON, MARGUERITE 509 HIBISCUS AVE #7 POMPANO BCH FL 33062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERGERON MARGUERITE ☒ Change ☐ Addition 3060 NW 1 AVENUE POMPANO BCH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERGERON, DENIS 3231 FIESTA WAY POMPANO BCH, FL 33062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERGERON, DENIS ☒ Change ☐ Addition 2620 NE 16 ST POMPANO BCH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 		Date _____ Daytime Phone # _____	

10043001



☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)