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.

700433331

Principal Place of Business	Mailing Address
2668 E. ATLANTIC BLVD.	2668 E. ATLANTIC BLVD.
POMPANO BEACH FL 33062	POMPANO BEACH FL 33062
US	US

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 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	Name BERGERON MARGUERITE
509 HIBISCUS AVE	Street Address (P.O. Box Number Is Not Acceptable) 3060 NW 1st AVENUE
#7	
POMPANO BEACH FL 33602	City POMPANO BCH FL Zip Code 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 [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	P	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	BERGERON, MARGUERITE		NAME	BERGERON MARGUERITE	
STREET ADDRESS	509 HIBISUS AVE. #7		STREET ADDRESS	3060 NW 1 AVENUE	
CITY-ST-ZIP	POMPANO BCH FL 33062		CITY-ST-ZIP	POMPANO BCH, FL 33064	
TITLE	V	☐ Delete	TITLE	V	☒ Change ☐ Addition
NAME	BERGERON, DENIS		NAME	BERGERON, DENIS	
STREET ADDRESS	3231 FIESTA WAY		STREET ADDRESS	2620 NE 16 ST	
CITY-ST-ZIP	POMPANO BCH. FL 33062		CITY-ST-ZIP	POMPANO BCH, FL 33062	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #