

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


**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90270 021 \*\*\*150.00

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**DOCUMENT # M98115**

1. Entity Name  
**VENDOME EQUITIES, INC.**



Principal Place of Business  
**C/O MORRISON BROWN ARGIZ & CO  
1001 BRICKELL BAY DRIVE, 9  
MIAMI FL 33131**

Mailing Address  
**C/O MORRISON BROWN ARGIZ & CO  
1001 BRICKELL BAY DRIVE, 9  
MIAMI FL 33131**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0080636**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8-75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FARRA, MIGUEL G.  
C/O MORRISON BROWN ARGIZ & CO  
1001 BRICKELL BAY DRIVE, 9TH FLOOR  
MIAMI FL 33131**

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. 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	DP	<input type="checkbox"/> Delete
NAME	<b>LAURANS, JEAN-JACQUES</b>	
STREET ADDRESS	<b>1001 BRICKELL BAY DR, 9TH FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>FARRA, MIGUEL G</b>	
STREET ADDRESS	<b>1001 BRICKELL BAY DR, 9TH FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	VS	<input type="checkbox"/> Delete
NAME	<b>POULIN, J.G.</b>	
STREET ADDRESS	<b>1001 BRICKELL BAY DR, 9TH FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE		<input type="checkbox"/> Delete
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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: *Miguel G. Farra*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MIGUEL G. FARRA**  
Date **4/22/03** Daytime Phone # **(305) 373-5500**

CR2E034 (10/02)