

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32161

1. Entity Name

THEOFORES, INC.

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90086 021 ****61.25

0074196

Principal Place of Business

Mailing Address

707 N.W. 2ND AVENUE
FT. LAUDERDALE FL 33311

P.O. BOX 1090
FORT LAUDERDALE FL 33302

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

65-1105344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LOUIS, ENOCK P
1173 ALABAMA AVENUE
FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name

LOUIS, ENOCK P.

Street Address (P.O. Box Number is Not Acceptable)

5315 SW 8th Ct.

MARGATE, FL

City

MARGATE

FL

Zip Code

33068

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

ENOCK P. LOUIS

04/08/2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME CHARLES, JEANLIUS J
STREET ADDRESS 3415 N.W. 43 STREET
CITY-ST-ZIP LAUDERDALE LAKES FL 33309 ☐ Delete

TITLE V
NAME ST. AMOUR, MAXI
STREET ADDRESS 2111 N.W. 55 AVENUE
CITY-ST-ZIP LAUDERHILL FL 33313 ☐ Delete

TITLE S
NAME FILS-AIME', JEAN C
STREET ADDRESS 161 N.W. 38 STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ Delete

TITLE T
NAME ST. AMOUR, DUCK
STREET ADDRESS 5820 N.W. 18TH COURT
CITY-ST-ZIP SUNRISE FL 33313 ☐ Delete

TITLE T
NAME PIERRE, SOLANGE J
STREET ADDRESS 4621 N.W. 74 AVENUE
CITY-ST-ZIP LAUDERHILL FL 33319 ☐ Delete

TITLE T
NAME ONE, JOSE
STREET ADDRESS 9208 S.W. 2ND STREET
CITY-ST-ZIP BOCA RATON FL 33428 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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 617, 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:

J. CHARLES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/08/02 (954) 688-6865

CR2E037 (9/01)