

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

05-15-2001 90014 010 ***150.00

DOCUMENT # P00000036901

1. Entry Name
MONIQUE, INC.

Principal Place of Business
 9873 RIVERSIDE DR
 CORAL SPRINGS FL 33071

Mailing Address
 9873 RIVERSIDE DR
 CORAL SPRINGS FL 33071

11554



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11520 HWY 321
 Suite, Apt. #, etc.
 Diverse Coral Springs
 City & State
 FL

Suite, Apt. #, etc.
 City & State

4. FEI Number

651000917

Applied For
 Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOWNSEND-BUBAKER, MONICA C
 9873 RIVERSIDE DR
 CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City, State, Zip Code
 FL

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 reappointing)

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
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
 PSTD
 TOWNSEND-BUBAKER, MONICA C.
 9873 RIVERSIDE DR
 CORAL SPRINGS FL 33071

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

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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: *Monica Townsend-Bubaker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)