

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90030 040 ***150.00

DOCUMENT # P00000036901

1. Entity Name
MONIQUE, INC.

Principal Place of Business
11520 NW 3RD
CORAL SPRINGS FL 33071

Mailing Address
9873 RIVERSIDE DR
CORAL SPRINGS FL 33071



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
11520 NW 3RD PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CORAL SPRINGS, FL.

4. FEI Number **65-1000917**

Applied For
Not Applicable

Zip

Country

Zip

Country

33071 **USA**

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

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
TOWNSEND-BUBAKER, MONICA C
9873 RIVERSIDE DR
CORAL SPRINGS FL 33071

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

TITLE ☐ **Delete**
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)