

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000048875

1. Entity Name
DEUX FRANCESKA CO.

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

03-20-2001 90037 003 ***150.00

Principal Place of Business
C/O EDWARDS & ANGELL LLP
250 ROYAL PALM WAY SUITE 300
PALM BEACH FL 33480

Mailing Address
C/O EDWARDS & ANGELL LLP
250 ROYAL PALM WAY SUITE 300
PALM BEACH FL 33480

00035648



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
550 S. Rosemary Ave.
Suite, Apt. #, etc.
Suite 150

3. Mailing Address
319 Worth Ave.
Suite, Apt. #, etc.

City & State
West Palm Beach FL
Zip
33401 Country
USA

City & State
Palm Beach FL
Zip
33480 Country
USA

4. FEI Number
65-1012268 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

~~**COOPER, SAMARA J**~~
~~**250 ROYAL PALM WAY SUITE 300**~~
~~**PALM BEACH FL 33480**~~

Name
Sylvia Posner
Street Address (P.O. Box Number is Not Acceptable)
319 Worth Ave.
City
Palm Beach FL Zip Code
33480

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 *Sylvia Posner* DATE 3/14/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D POSNER, SYLVIA A 250 ROYAL PALM WAY SUITE 300 PALM BEACH FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D,P,S,T 319 Worth Ave. Palm Beach FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sylvia Posner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sylvia A. Posner, President

2/14/01 561-832-2551
Date Daytime Phone #

CR2034 (10/00)