

2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000084186**

1. Entity Name

VOGUE ITALIA INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 SW 1ST AVE
Suite, Apt. #, etc. **110**

3. Mailing Address

2525 N STATE RD 7
Suite, Apt. #, etc. **115**

REINSTATEMENT 07-04
DO NOT WRITE IN THIS SPACE

City & State

FT LAUDERDALE, FL

City & State

HOLLYWOOD, FL

4. FEI Number

65-1039321

Applied For

Not Applicable

Zip

33301

Country

US

Zip

33021

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **MERVYN BRADY**

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

300 SW 1ST AVE - STE 110

City **FT LAUDERDALE**

FL

Zip Code

33301

DO NOT WRITE IN THIS SPACE

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

1/24/04

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PD
NAME	BRADY MERVYN
STREET ADDRESS	300 SW 1ST AVE - STE 110
CITY - ST - ZIP	FT LDLE, FL 33301
TITLE	MD
NAME	AMSELLEM ISAAC
STREET ADDRESS	300 SW 1ST AVE - STE 110
CITY - ST - ZIP	FT LDLE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/24/04

Daytime Phone #

954-517-4668

CR2034B (12/01)

VOGUE ITALIA INC
300 SW 1st AVE - STE 110
FT LAUDERDALE, FL 33301

January 22, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: DOC #P00000084186

Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. The taxpayer never received the renewal form due a wrong address of the business location and mailing. The penalty will create a hardship for my business and I ask that you please waive it.

Enclosed is my reinstatement form with my fee of \$450.00 for the year 2002, 2003 and 2004.

Thank you very much for you help and understanding.

Sincerely,

Merv Brody