

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90045 036 ***150.00

0317624

DOCUMENT # P00000097309

1. Entity Name
UVONIQUE COMPANY

Principal Place of Business Mailing Address
1247 17TH AVENUE NORTH, SUITE 3 **1247 17TH AVENUE NORTH, SUITE 3**
LAKE WORTH FL 33460 **LAKE WORTH FL 33460**

2. Principal Place of Business 3. Mailing Address
3495 LYNWOOD DR **3495 LYNWOOD DR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
8 **# 8**
 City & State City & State
LAKE WORTH **LAKE WORTH**
 Zip Country Zip Country
33461 FL **33461 FL**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1082695** 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
LOUBSER, YVONNE OLIVE Name
1247 17TH AVENUE NORTH, SUITE 3 Street Address (P.O. Box Number is Not Acceptable)
LAKE WORTH FL 33460 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOUBSER, YVONNE OLIVE		NAME		
STREET ADDRESS	1247 17TH AVENUE NORTH, SUITE 3		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **YVONNE OLIVE LOUBSER** **3/30/2001** **561-6417731**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)