

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90071 019 ***150.00

DOCUMENT # P00000111081

1. Entity Name
MONA LISA USA, INC.

Principal Place of Business
8881 A FOUNTAINBLEU BLVD APT 205
MIAMI FL 33172

Mailing Address
8881 A FOUNTAINBLEU BLVD APT 205
MIAMI FL 33172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
MONA LISA USA INC
 Suite, Apt. #, etc.

3. Mailing Address
1901 NE 167 ST
 Suite, Apt. #, etc.

City & State
N MB MIAMI
Zip
33162

City & State
FL
Zip
Country

4. FEI Number **65-1058373** **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BERNADIN, JEAN CLAUDE
8881 A FOUNTAINBLEU BLVD APT 205
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name
BERNADIN Jean-Claude
Street Address (P.O. Box Number is Not Acceptable)
8881 A FOUNTAINBLEU BLVD APT 205
City **MIAMI** **FL** **Zip Code** **33172**

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

4-24-02

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BERNADIN, JEAN CLAUDE	
STREET ADDRESS	8881 A FOUNTAINBLEU BLVD APT 205	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNADIN, MARTA	
STREET ADDRESS	8881 A FOUNTAINBLEU BLVD APT 205	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **BERNADIN Jean-Claude** **4-24-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)