

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91463 007 ***150.00

DOCUMENT # P00000111081

1. Entity Name
MONA LISA USA, INC.



Principal Place of Business
MONA LISA USA INC.
NMB MIAMI, FL 33162

Mailing Address
1901 NW 167 ST 1901 NE 167th St
MIAMI, FL 33172

2. Principal Place of Business

MONA LISA USA INC
Suite, Apt. #, etc.

3. Mailing Address

1901 NE 167 St
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

NMB - MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1058373

Applied For

Not Applicable

Zip
33162

Country

Zip

33162

Country

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 #205
City **MIAMI** FL Zip Code **33172**

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **BERNADIN JEAN-CLAUDE** **4-17-03**
(NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BERNADIN, JEAN CLAUDE**
STREET ADDRESS **8881 A FOUNTAINBLEU BLVD APT 205**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **D** ☐ Delete
NAME **BERNADIN, MARTA**
STREET ADDRESS **8881 A FOUNTAINBLEU BLVD APT 205**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **BERNADIN JEAN-CLAUDE** **4-17-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

305-9475500

CR2E034 (10/02)