

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 17, 2001 8:00 am**  
**Secretary of State**

07-17-2001 90003 043 \*\*\*150.00

0087516 AV

**DOCUMENT # P00000111999**

1. Entity Name  
**VERONIQUE, INC.**

*(LA)*

Principal Place of Business      Mailing Address  
**8408 DEL REY COURT #433**      **8408 DEL REY COURT #433**  
**TAMPA FL 33617**      **TAMPA FL 33617**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-3699690**      Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**JOOSTE, VERONIQUE**  
**8408 DEL REY COURT #433**  
**TAMPA FL 33617**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>D</b> <b>JOOSTE, VERONIQUE</b> <b>8408 DEL REY COURT #433</b> <b>TAMPA FL 33617</b>	<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
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 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
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: SIGNATURE REQUIRED      Date: 7-10-01      Daytime Phone #: (813) 2430580

CR2E034 (5/01)

ATTACHMENT  
A0071058

7.10.01

8408 DEL REY CRT # 433  
TAMPA FL 33617

TO WHOM IT MAY CONCERN. P00000111999

RE: LATE FILING FEE.

I RECEIVED A NOTIFICATION YESTERDAY THAT I WAS BEING PENALISED FOR NOT FILING. I WAS NOT AWARE THAT THIS WAS SOMETHING I NEEDED TO DO. I RECEIVED MY TAX NUMBER IN MARCH AND HAVE BEEN SUBMITTING MY EMPLOYERS TAX TO THE BANK EVERY MONTH. I HAVE CONTRACTED AN ACCOUNTANT TO HELP ME DO THINGS RIGHT. PLEASE CONSIDER WAIVING THIS PENALTY. THIS IS ALL NEW TO ME. I AM MAKING EVERY EFFORT TO BE DILIGENT THAT THIS IS NOT REPEATED.

THANK YOU.

VERONIQUE JOOSTE.