

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91340 044 ***150.00

DOCUMENT # **P01000021833**

1. Entity Name

CLIQUE MAGAZINE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4515 W. North A St.

3. Mailing Address

115 E. Whiting St.

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

128

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

65-1098035

Applied For

Not Applicable

Zip

33609

Country

USA

Zip

33602

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Colleen Jacques

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

4515 W. North A St.

4

City

TAMPA

FL

Zip Code

33609

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

05/01/02

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 **Chairman**
NAME **Robert F. Densmore**
STREET ADDRESS **290-174th St. PH 2145**
CITY-ST-ZIP **Sunny Isles Beach, FL 33160**

TITLE **President**
NAME **Colleen A. Jacques**
STREET ADDRESS **6252 99th Circle N.**
CITY-ST-ZIP **Pineellas Park, FL 33782**

TITLE **Vice President**
NAME **Peter M. de la Concepcion**
STREET ADDRESS **11960 S.W. 25th Terrace**
CITY-ST-ZIP **Miami, FL 33175**

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**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

05/01/02 813.310.4012

Date

Daytime Phone #

CR2E034B (12/01)