

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90356 013 ***150.00

0319577 AV

DOCUMENT # P01000090447

1. Entity Name
DOMAINE DE ST. QUENTIN, INC.



Principal Place of Business
**14341 SW 119 AVE
MIAMI FL 33186**

Mailing Address
**14341 SW 119 AVE
MIAMI FL 33186**



2. Principal Place of Business

3. Mailing Address

35 NW 1st Street

35 NW 1st St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

Homestead FL

Homestead FL

4. FEI Number

94-3152913

Applied For

Not Applicable

Zip

Country

Zip

Country

33030

USA

33030

USA

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

**KNOWLES, YVONNE C
1697 N GOLDENEYE LANE
HOMESTEAD FL 33035**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
KNOWLES, YVONNE C
1697 N. GOLDENEYE LANE
HOMESTEAD FL 33035**

☐ Delete

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

Scott Fane
Certified Public Accountant
10440 SW 139th Street
Miami, FL 33176
305-234-1215
FAX 305-234-7590
sfane@bellsouth.net

90145288
P01000090447

Tuesday, July 15, 2003

Attn: Penalty Abatement Section
Division of Corp
PO Box 6327
Tallahassee, FL 32314

RE: Domaine De St. Quentin, Inc
Penalty Abatement
P01000090447

Dear Sirs:

We are respectfully requesting an abatement penalty.

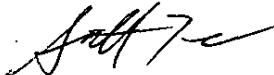
We moved our business location to our new address of 35 NW 1st Street
Homestead, FL.

Not all the mail was timely forwarded and we had no knowledge that we actually owed
this tax to the State of Florida..

We are respectfully requesting that the penalty be abated due to reasonable cause.

Thank you in advance for your consideration.

Sincerely,


Scott Fane, CPA


Yvonne Knowles
President