

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90230 017 ***150.00

DOCUMENT # P01000098203

1. Entity Name
MON PETITE AMI, CO.

Principal Place of Business

**1505 MAIN STREET
 SARASOTA FL 34236**

Mailing Address

**1505 MAIN STREET
 SARASOTA FL 34236**

2. Principal Place of Business

MON PETITE AMI, CO.
 Suite, Apt. #, etc.

3. Mailing Address

1505 MAIN STREET
 Suite, Apt. #, etc.

City & State
SARASOTA, FL

Zip
34236

Country
U.S.

City & State
SARASOTA, FL

Zip
34236

Country
U.S.

4. FEI Number

051139930

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KANTER, DANIELLE

**8058 DESOTO WOODS DRIVE
 SARASOTA FL 34243**

7. Name and Address of New Registered Agent

Name **DANIELLE KANTER**

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

8058 DESOTO WOODS DRIVE

SARASOTA

City **SARASOTA**

FL

Zip Code **34236**

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

Danielle Kanter

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
 NAME **KANTER, DANIELLE**
 STREET ADDRESS **8058 DESOTO WOODS DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **VSD** ☐ Delete
 NAME **CAPPS, CHRISTINA**
 STREET ADDRESS **430 SOUTH LIME AVENUE**
 CITY-ST-ZIP **SARASOTA FL 34237**

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

12. 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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TITLE ☐ Change ☐ 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:

Christina M. Capps
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02 941-9545545

CR2E034 (9/01)