2002 UNIFORM BUSINESS REPORT (UBR)

P93000046625 DOCUMENT # 1. Entity Name LAVIOLA SOUTH, INC. 02-28-2002 90061 025 ***150.00 Principal Place of Business Mailing Address La Viola Boutique La Viola Boutique 0 V 0 3 Z 0 7028 Montrico Drive 7028 Montrico Drive Boca Raton, FL 33433 Boca Raton, FL 33433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0431609 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **RABUNSKI, JAY & TOVA** Street Address (P.O. Box Number is Not Acceptable) 7028 MONTRICO DR. **BOCA RATON FL 33433** City 8. The above named entity submits this statement for the purpose of changing its registered office or regi Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regi FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of S ·11. OFFICERS AND DIRECTORS 12 TITLE ☐ Delete TITLE RABUNSKI, JAY , IAME NAME 7028 MONTRICO DRIVE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE RABUNSKI, TOVA NAME NAME STREET ADDRESS 7028 MONTRICO DR STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED Feb 28, 2002 8:00 am Secretary of State

			City		FL	Zip Code	Э	
8. The above	named entity submits this statement for th	e purpose of changing its req	gistered office or registere	ed agent, or both, in the State of Floric	da.			
SIGNATURE .	Signature, typed or printed name of registered agent and the	itle if applicable (NOTF: Re	egistered Agent signature required v	when reinstating)	DATE			
9. This corporation is eligible to satisfy its Intangible FILE NOW!!!			FEE IS \$150.00 Fee will be \$550.00	10. Election Campaign Finan	10. Election Campaign Financing \$5.00 May Be			_
-	ria on back)		to Department of State	Trust Fund Contribution.		Added	to Fees	
·11.	OFFICERS AND DIF	ECTORS	12.	ADDITIONS/CHANGES TO OFFICE	ERS AND D	IRECTORS	S IN 11	1
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indicated of the cor	certify that the information supplied with this on this report or supplemental report is truporation or the receiver or trustee empower or on an attachment with an address.	e and accurate and that my s red to execute this report as	signature shall have the sa	ame legal effect as if made under oat	h: that I am	an officer (or director	
SIGNAT	URE: SIGNATURE AND TYPED OR PRINT	ED NAME OF SIGNIJA OFFICER OF I	DIRECTOR	2/15/02	David	me Phone #		
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