

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90058 007 \*\*\*150.00

**DOCUMENT # P94000019697**

**1. Entity Name**  
**CLAUDE & LAURIE T-SHIRT, CORP.**

**Principal Place of Business**

~~2650 COOLIDGE STREET~~  
~~HOLLYWOOD FL 33020~~

**Mailing Address**

~~2650 COOLIDGE STREET~~  
~~HOLLYWOOD FL 33020~~

**2. Principal Place of Business**

**300 N.E. 14 AVE**

Suite, Apt. #, etc.

**412**

City & State

**HALLANDALE**

Zip

**33009**

Country

**FL**

**3. Mailing Address**

**300 N.E. 14 AVE**

Suite, Apt. #, etc.

**412**

City & State

**HALLANDALE**

Zip

**33009**

Country

**FL**



DO NOT WRITE IN THIS SPACE

**4. FEI Number** **65-0481208**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

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

**LEFEBVRE, LAURIANNE**  
**940 S.W. 133RD AVENUE**  
**DAVIE FL 33325**

**NEW ADDRESS!**  
**300 N.E. 14 AVE**  
**# 412**

**HALLANDALE FL 33009**

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**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** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEFEBVRE, LAURIANNE</b>	
STREET ADDRESS	<b>2650 COOLIDGE STREET</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PARENT, CLAUDE</b>	
STREET ADDRESS	<b>2650 COOLIDGE STREET</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>300 N.E. 14 AVE # 412</b>	
STREET ADDRESS	<b>HALLANDALE FL 33009</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>300 N.E. 14 AVE # 412</b>	
STREET ADDRESS	<b>HALLANDALE FL 33009</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*Laurianne Lefebvre*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/01/02** **954-454-4712**

CR2E034 (9/01)