

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90078 038 ***150.00

DOCUMENT # P95000095422

1. Entity Name
PLACE VENDOME OF NORTH MIAMI, INC.

Principal Place of Business
**STORE 1485. AVENTURA MALL SHOPPING CTR.
 19575 BISCAYNE BLVD.
 MIAMI FL 33180**

Mailing Address
**STORE 1485. AVENTURA MALL SHOPPING CTR.
 19575 BISCAYNE BLVD.
 MIAMI FL 33180**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number **59-3366426**

Applied For

Not Applicable

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

**BLODIG, GREGORY J
 100 WEST CYPRESS CREEK RD.
 SUITE-700
 FT. LAUDERDALE FL 33309**

Name **Elliot Sprung**
 Street Address (P.O. Box Number is Not Acceptable)
19575 Biscayne Blvd
 City **MIAMI** FL Zip Code **33180**

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 not applicable. (NOTE: Registered Agent signature required when reinstating)

1/16/02
 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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D SPRUNG, ELLIOT**
 STREET ADDRESS **STORE 1485, AVENTURA MALL SHOPPING CTR.**
 CITY-ST-ZIP **MIAMI FL 33180**

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

TITLE ☐ Delete
 NAME **D SPRUNG, HARRY**
 STREET ADDRESS **STORE 1485, AVENTURA MALL SHOPPING CTR.**
 CITY-ST-ZIP **MIAMI FL 33180**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elliot Sprung
1/16/02
 Date

Daytime Phone #

CR2E034 (9/01)