

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000014414 (2)

1. Entity Name

ONLY FOR ORIGINALS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90204 020 ***158.75

Principal Place of Business

2121 PONCE de LEON BLVD. SUITE 721
CORAL GABLES, FL 33134

Mailing Address

2121 PONCE de LEON BLVD. SUITE 721
CORAL GABLES, FL 33134

2. Principal Place of Business

3. Mailing Address
2121 PONCE de LEON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#721

DO NOT WRITE IN THIS SPACE

City & State

City & State
CORAL GABLES, FL

4. FEI Number
65-0643454

Applied For
Not Applicable

Zip

Country

Zip
33134

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

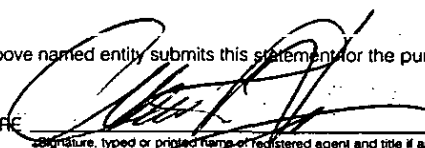
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALBERT P. VEGA, C.P.A., P.A.
2901 LEJEUNE ROAD
SUITE 202
CORAL GABLES, FL 33134

Name
ALBERT P. VEGA, C.P.A., P.A.
Street Address (P.O. Box Number is Not Acceptable)
2121 PONCE de LEON BLVD.
SUITE 721
City CORAL GABLES FL Zip Code 33134

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 4/27/00

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PVTS HOLT, CARROL G 13, rue PHALSBOURG PARIS, FRANCE 75018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

DATE

CHARTERED 17th JULY 8

CR2E034 (9/99)