

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90007 008 ***150.00



DOCUMENT # P96000031603
1. Entity Name
MONA LISA 4TH AVENUE, INC.

Principal Place of Business
**412 SW 4 TERRACE
HALLANDALE FL 33009**

Mailing Address
**412 SW 4 TERRACE
HALLANDALE FL 33009**



2. Principal Place of Business
616 NE 8 ST

3. Mailing Address
121 Lone Pine Terrace

Suite, Apt. #, etc.
-

CHECK HERE IF MAKING CHANGES

City & State
HALLANDALE

City & State
HALLANDALE

Zip
33009

Country
FL, USA

Zip
33009

Country
USA Florida

4. FEI Number
65-0664878

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BOUTHILLIER, JEANNINE
412 SW 4 TERRACE
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name
JEANNINE BOUTHILLIER

Street Address (P.O. Box Number is Not Acceptable)
121 Lone Pine Terrace

City
HALLANDALE

FL

Zip Code
33009

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jeannine Bouthillier* (NOTE: Registered Agent signature required when reinstating)

DATE **1/4/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PST BOUTHILLIER, JEANNINE 412 SW 4 TERRACE HALLANDALE FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeannine Bouthillier* **JEANNINE BOUTHILLIER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/4/03**

Daytime Phone #

CR2E034 (10/02)