

# 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  
**612 NE 8 ST**  
Suite, Apt. #, etc.  
**-**

3. Mailing Address  
**121 Lone Pine Terrace**  
Suite, Apt. #, etc.  
**-**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**HALLANDALE**

City & State  
**HALLANDALE**

4. FEI Number  
**65-0664878**

Applied For  
☒ Not Applicable

Zip  
**33009**

Country  
**FL, USA**

Zip  
**33009**

Country  
**USA Florida**

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**  
Signature, typed or printed name of registered agent and title if applicable.

(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  
**PST** ☐ Delete  
NAME  
**BOUTHILLIER, JEANNINE**  
STREET ADDRESS  
**412 SW 4 TERRACE**  
CITY-ST-ZIP  
**HALLANDALE FL 33009**

**121 Lone Pine Terrace  
HALLANDALE FL 33009**

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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.

**JEANNINE BOUTHILLIER**

SIGNATURE:

**Signature of Jeannine Bouthillier**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)