

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90034 015 \*\*\*150.00

**DOCUMENT # P96000043991**

1. Entity Name

**MON AMOUR, INC.**

Principal Place of Business

**2500 HOLLYWOOD BLVD  
SUITE 212  
HOLLYWOOD FL 33020**

Mailing Address

**2500 HOLLYWOOD BLVD  
SUITE 212  
HOLLYWOOD FL 33020**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0132579**

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

**KLAPHOZ, JOSEPH P  
2500 HOLLYWOOD BLVD  
SUITE 212  
HOLLYWOOD FL 33020**

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

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

(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, 2001 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 **PD** ☐ Delete  
NAME **NICOLAE, MONA**  
STREET ADDRESS **2500 HOLLYWOOD BLVD SUITE 212**  
CITY-ST-ZIP **HOLLYWOOD FL 33020**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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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

Date

Daytime Phone #

CR2E034 (10/00)

# MANELLA & KLAPHOLZ, LLP

*Attorneys at Law*

ROSS H. MANELLA, P.A.\*  
JOSEPH P. KLAPHOLZ, P.A.\*\*

\* ALSO MEMBER OF THE  
QUEBEC BAR

\*\* ALSO MEMBER OF THE  
MARYLAND BAR

2500 HOLLYWOOD BOULEVARD  
SUITE 212  
HOLLYWOOD, FLORIDA 33020  
(954) 925-3355  
DIRECT LINE: ext. 135  
FAX: (954) 923-0185

Attachment  
JP 96413991  
516286

March 21, 2001

Uniform Business Report  
Division of Corporations  
P.O.Box 1500  
Tallahassee, Fl. 32302-1500

Re: Mon Amour, Inc.  
Our File No.: 96-9003

Gentlemen:

Enclosed herein please find the 2001 Uniform Business Report duly executed by an officer of the corporation together with a check made payable to "Department of State" in payment of the filing fees.

Trusting you will find the above in order, I remain,

Very Truly Yours,

MANELLA & KLAPHOLZ , LLP.

JOSEPH P. KLAPHOLZ

JPK/dml  
Enc.