

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071188

1. Entity Name

INTERNATIONAL LAPIS-FABERGE CO.

**FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90008 012 \*\*\*158.75

Principal Place of Business

Suite 140 Mailing Address

~~WAREHOUSE T85~~ 6200 20th street  
~~OKEECHOBEE RD 5221~~ 231 BERMUDA BEACH DR  
~~FORT PIERCE FL 34949~~ FORT PIERCE FL 34949-1527  
US VERO BEACH FL 32966.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6200 20th street

3. Mailing Address

231 BERMUDA BEACH DR

Suite, Apt. #, etc.

140

Suite, Apt. #, etc.

City & State

VERO BEACH

City & State

FORT PIERCE, FL

4. FEI Number

98-0175430

Applied For

Not Applicable

Zip

32966

Country

US

Zip

34949

Country

US

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

GRANATA, LINDA M  
12700 BISCAYNE BLVD. #401  
NORTH MIAMI FL 33181

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

*Linda M Granata* + *Linda M Granata*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when liquidating)

DATE

02/09/2000

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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESMET, ANNE-LAURE		NAME		
STREET ADDRESS	231 BERMUDA BEACH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE FL 34949		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, GRANNA-GINO		NAME		
STREET ADDRESS	231 BERMUDA BEACH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE FL 34949		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *ANNE DESMET-ROSE* *Linda M Granata*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 02/09/2000 Daytime Phone # 561-770-3611

CR2E034 (9/99)