

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000010849

1. Entity Name

VICTORIA'S ATTIC OF BROWARD COUNTY, INC.

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90044 010 ***150.00

Principal Place of Business

1928 E. SUNRISE BLVD.
FORT LAUDERDALE FL 33304

Mailing Address

1512 NE 18 AVENUE
FT LAUDERDALE FL 33304
US

547491



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1928 E. SUNRISE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

4. FEI Number 65-0735133

Applied For

Not Applicable

Zip

Country

33304

Country

BROWARD

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

FERNAN, DAVID V
1512 NE 18TH AVE
FT LAUDERDALE FL 33304

Name

DAVID FERNAN

Street Address (P.O. Box Number is Not Acceptable)

201 SE 6TH CT

City

FT. LAUDERDALE

FL

Zip Code

33301

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	P	<input type="checkbox"/> Delete
NAME	FERNAN, DAVID V	
STREET ADDRESS	1512 NE 18TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	T	<input type="checkbox"/> Delete
NAME	FERNAN, LISA M	
STREET ADDRESS	1512 NE 18TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID V. FERNAN	
STREET ADDRESS	201 SE 6TH CT	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID V FERNAN	
STREET ADDRESS	201 SE 6TH CT	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID V. FERNAN

Date

Daytime Phone #

4/29/01 954-463-6774

CR2E034 (10/00)