

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90729 010 ***150.00

DOCUMENT # P97000010849

1. Entity Name
VICTORIA'S ATTIC OF BROWARD COUNTY, INC.



Principal Place of Business
1928 E. SUNRISE BLVD.
FORT LAUDERDALE FL 33304

Mailing Address
1928 E SUNRISE BLVD.
FT LAUDERDALE FL 33304
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0735133**

Applied For
Not Applicable

Zip Country

Zip Country

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
701 SE 6TH CT
FORT LAUDERDALE FL 33301

Name **FERNAN, DAVID V**
Street Address (P.O. Box Number is Not Acceptable)
20320 NE 15TH AVE
City **MIAMI** FL Zip Code **33179**

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

(NOTE: Registered Agent signature required when reinstating)

01 MAY/03
DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **FERNAN, DAVID V**
STREET ADDRESS **701 SE 6TH COURT**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **P** ☐ Change ☒ Addition
NAME **FERNAN, DAVID V.**
STREET ADDRESS **20320 NE 15TH AVE**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE **T** ☒ Delete
NAME **FERNAN, DAVID V**
STREET ADDRESS **701 SE 6TH CT**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **T** ☐ Change ☒ Addition
NAME **FERNAN, DAVID**
STREET ADDRESS **20320 NE 15TH AVE**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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.

SIGNATURE: **DAVID V. FERNAN** **01 MAY/03** **84-463-6774**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)