

# 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**

10000001



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

CHECK HERE IF MAKING CHANGES

**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**

**01 MAY 03**

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

(NOTE: Registered Agent signature required when reinstating)

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

**10. OFFICERS AND DIRECTORS**

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

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FERNAN, DAVID V</b>	
STREET ADDRESS	<b>701 SE 6TH COURT</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FERNAN, DAVID V</b>	
STREET ADDRESS	<b>701 SE 6TH CT</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FERNAN, DAVID V.</b>	
STREET ADDRESS	<b>20320 NE 15th AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33179</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FERNAN, DAVID</b>	
STREET ADDRESS	<b>20320 NE 15th AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33179</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)