

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90068 011 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000068231**

1. Entity Name

Jacque Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21150 Point Place

3. Mailing Address

21150 Point Place

Suite, Apt. #, etc.

Apt. 3003

Suite, Apt. #, etc.

Apt. 3003

City & State

Adventura, Florida

City & State

Adventura, Florida

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0956929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Shapiro, Kenneth W Esq.

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

1776 N. Pine Island Road, Suite 308

City

Plantation, Florida

FL

Zip Code

33322

**DO NOT WRITE
IN THIS SPACE**

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. ☐

**January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	Nofal, Luis	21150 Point Pl. #3003	Adventura, FL 33180
D	Grandio, Monica	21150 Point Pl. #3003	Adventura, FL 33180
D	Grandio, Marcelo	21150 Point Pl. #3003	Adventura, FL 33180

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Luis B. NOFAL

APR 12 2002

005411-4344-4808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Label

Daytime Phone #

CR2E034B (12/01)