

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**  
 05-14-2002 90023 013 \*\*\*150.00

**DOCUMENT # P97000073294**

1. Entity Name  
**COUTURE ONLY, INC.**

Principal Place of Business  
**3320 NE 32ND ST**  
**FORT LAUDERDALE FL 33308**

Mailing Address  
**3320 N.E. 32ND ST.**  
**FT. LAUDERDALE FL 33308**

Principal Place of Business  
**3333 NE 33RD ST**  
 Suite, Apt. #, etc.

Mailing Address  
**3333 NE 33RD ST**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**FT. LAUDERDALE, FL**  
 Zip  
**33308**  
 County  
**BROWARD**

4. FEI Number **65-0781679**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**IANNACONE, JAMES T**  
**CUMBERLAND BLVD., STE. 510,**  
**800 E. BROWARD BLVD.**  
**FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent must be a resident of the State of Florida.) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEES \$450.00**  
**After May 1, 2002 Fee will be \$500.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PS	NAME	BERNINZON, ROSSANNA	TITLE		NAME	
STREET ADDRESS	3900 GALT OCEAN DR., APT. 305	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PS	NAME	BERNINZON, ROSSANNA	TITLE		NAME	
STREET ADDRESS	3333 NE 33RD ST	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		TITLE		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		TITLE		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		TITLE		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date \_\_\_\_\_ Daytime Phone # **954-801-3865**

CR2E034 (9/01)