

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90210 036 ***150.00

DOCUMENT # *P98000015692*

1. Entity Name

DOMMONIQUE OF MIAMI, INC

90116922

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17120 NW 17TH CT

Suite, Apt. #, etc.

3. Mailing Address

170 HILLSIDE AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

TEANECK NJ

4. FEI Number

65-0814619

Applied For

Not Applicable

Zip

33056

Country

Zip

07666

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name *MONIQUE HASLER*

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

17120 NW 17TH CT

City *MIAMI*

FL

Zip Code

33056

**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

Monique Hasler

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

(NOTE: Registered Agent signature required when reinstating)

3/24/03

DATE

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

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 *PO*
NAME *HASLER, MONIQUE*
STREET ADDRESS *170 HILLSIDE AVE*
CITY - ST - ZIP *TEANECK NJ 07666*

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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:

Monique Hasler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03

Date

Daytime Phone #

CR2ED:4B (12/01)