

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019572

1. Entity Name

VOYAGE GALAXY HOLLYWOOD INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90043 029 ***158.75

Principal Place of Business 315 JOHNSON STREET HOLLYWOOD FL 33019 US	Mailing Address 2462 PIERCE STREET APT 2 HOLLYWOOD FL 33020-4369 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0836985	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LESSARD, JACQUELINE
 2462 PIERCE STREET APT 2
 HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name: NATHALIE LESSARD
 Street Address (P.O. Box Number is Not Acceptable): 3401 NW 47th AVENUE #V401
 City: LAUDERDALE LAKES FL Zip Code: 33319

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: *Jacqueline Lessard* (NOTE: Registered Agent signature required when reinstating) DATE: 5/14/2000
 JACQUELINE LESSARD, PRES. NATHALIE LESSARD, V. PRES.

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	LESSARD, JACQUELINE	
STREET ADDRESS	2462 PIERCE STREET APT 2	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NATHALIE LESSARD	
STREET ADDRESS	3401 NW 47th AVE #V401	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319	

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: *Jacqueline Lessard* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JACQUELINE LESSARD, PRES.
Nathalie Lessard DATE: 5/14/2000 DAYTIME PHONE #: (954) 929-9464
 NATHALIE LESSARD, V. PRES.

CR2E034 (9/99)