

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

0301477 AV

DOCUMENT # P98000023856

1. Entity Name
ELEGANCE TOUJOURS, INC.

02-05-2002 90023 014 ***158.75

Principal Place of Business
4240 S.W. 72ND AVENUE
SUITE A
MIAMI FL 33155

Mailing Address
BOX 558450
MIAMI FL 33255



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0820094**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUAREZ, M. LAURENTINO III
12404 S.W. 20TH TERRACE
MIAMI FL 33175

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 signature required when reinstating)

DATE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
 NAME **RODILES, XENIA MARIA G**
 STREET ADDRESS **12404 S.W. 20TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33175**

☒ Delete

TITLE **AIDA SUAREZ, PRES**
 NAME **5945 N. Bayshore DR**
 STREET ADDRESS **MIAMI, FLA 33114**
 CITY-ST-ZIP **MIAMI, FLA 33114**

☒ Change ☐ Addition

TITLE **VP**
 NAME **SUAREZ, LAURENTINO IV**
 STREET ADDRESS **12404 S.W. 20TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33175**

☐ Delete

TITLE **5945 N. Bayshore DR**
 NAME **MIAMI, FLA 33114**
 STREET ADDRESS **MIAMI, FLA 33114**
 CITY-ST-ZIP **MIAMI, FLA 33114**

☒ Change ☐ Addition

TITLE **STD**
 NAME **SUAREZ, M LAURENTINO III**
 STREET ADDRESS **12404 S.W. 20TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33175**

☐ Delete

TITLE **5945 N. Bayshore DR**
 NAME **MIAMI, FLA 33114**
 STREET ADDRESS **MIAMI, FLA 33114**
 CITY-ST-ZIP **MIAMI, FLA 33114**

☐ Change ☐ Addition

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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]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02
 Date

(305) 266 9889
 Daytime Phone #

CP2002 (03/01)