

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90225 009 ***158.75

DOCUMENT # P98000023856

1. Entity Name
ELEGANCE TOUJOURS, INC.



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

Mailing Address
**BOX 558450
MIAMI FL 33255**

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)

5945 N. BAYSHORE DR

City

Miami

FL

Zip Code

33114

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SUAREZ, AIDA**
STREET ADDRESS **5945 N BAYSHORE DR**
CITY-ST-ZIP **MIAMI FL 33114**

TITLE **VP** ☐ Delete
NAME **SUAREZ, LAURENTINO IV**
STREET ADDRESS **5945 N BAYSHORE DR**
CITY-ST-ZIP **MIAMI FL 33114**

TITLE **STD** ☐ Delete
NAME **SUAREZ, M LAURENTINO III**
STREET ADDRESS **5945 N BAYSHORE DR**
CITY-ST-ZIP **MIAMI FL 33114**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **1/8/03 (305) 266-9889**
Date Daytime Phone #
DR. M. L. Suarez

CR2E034 (10/02)