

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (FBR)

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90112 021 \*\*\*150.00

**DOCUMENT # P98000047927**

**1. Entity Name**  
**NEO SCARPA, INC.**



**Principal Place of Business**  
817 LINCOLN ROAD  
MIAMI BEACH FL 33139

**Mailing Address**  
710. LINCOLN ROAD  
MIAMI BEACH FL 33139

**2. Principal Place of Business**

**3. Mailing Address**

817 LINCOLN ROAD  
Suite, Apt. #, etc.

817 LINCOLN ROAD  
Suite, Apt. #, etc.

**City & State**  
MIAMI BEACH FL

**City & State**  
MIAMI BEACH FL

**Zip** 33139 **Country** US

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**4. FEI Number** 65-0846031

**Applied For**  
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

FISCHER, REBECCA H ESQ.,  
ONE OAKWOOD BLVD., SUITE-250  
HOLLYWOOD FL 33020

**7. Name and Address of New Registered Agent**

**Name** DEBAIX, FABIENNE  
**Street Address (P.O. Box Number is Not Acceptable)** 5252 LA FORCE DRIVE  
**City** MIAMI BEACH **FL** **Zip Code** 33140

**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]*  
Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE** Jan 7 03

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**  
D DEBAIX, FABIENNE  
817 LINCOLN RD.  
MIAMI BEACH FL 33139 ☐ Delete

**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**  
D DEBAIX, FABIENNE ☒ Change ☐ Addition  
817 LINCOLN RD MIAMI BEACH FL 33139

**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**  
D ZUCKERMAN, ANA M ☒ Delete  
817 LINCOLN RD.  
MIAMI BEACH FL 33139

**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**  
VD BENSUSAN, RAPHAEL ☐ Change ☒ Addition  
817 LINCOLN ROAD MIAMI BEACH FL 33139

**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**  
PSD ZUCKERMAN, SOL ☒ Delete  
817 LINCOLN RD.  
MIAMI BEACH FL 33139

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

**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**  
☐ Delete

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

**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**  
☐ Delete

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

**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**  
☐ Delete

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

**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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Fabienne DeBaux **DATE** Jan 7 03 **DAYTIME PHONE #** 305 5355633

CR2E034 (10/02)