

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90088 002 \*\*\*150.00

**DOCUMENT # P98000071459**

1. Entity Name

**COLLAGE-21, INC.**

Principal Place of Business

Mailing Address

**1080 99 STREET  
 SUITE C-21  
 BAY HARBOR ISLANDS FL 33154**

**1080 99 STREET  
 SUITE C-21  
 BAY HARBOR ISLANDS FL 33154-1781**

2. Principal Place of Business

**310 191<sup>st</sup> Terrace**

Suite, Apt. #, etc.

3. Mailing Address

**310 191<sup>st</sup> Terrace**

Suite, Apt. #, etc.

City & State

**Sunny Isles, FL**

Zip

**33160**

Country

City & State

**Sunny Isles, FL**

Zip

**33160**

Country

4. FEI Number

**65-0858137**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KACHER, VAL  
 1080 99TH ST  
 STE C-21  
 BAY HARBOR ISLANDS FL 33154**

7. Name and Address of New Registered Agent

Name **KACHER, VAL**

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

**310 191<sup>st</sup> Terrace**

City **Sunny Isles**

**FL**

Zip Code

**33160**

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

**Wacker / VAL KACHER, vice president / 3-14-00**

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, 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	PSD	<input type="checkbox"/> Delete
NAME	BECK, SERGE S	
STREET ADDRESS	1080 99 ST STE C-21	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	KACHER, VAL	
STREET ADDRESS	1080 99 ST STE C-21	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	310 191 <sup>st</sup> Terrace	
CITY-ST-ZIP	Sunny Isles, FL 33160	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	310 191 <sup>st</sup> Terrace	
CITY-ST-ZIP	Sunny Isles, FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**Wacker / VAL KACHER / 3-14-00 305-710-5110**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #