

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90213 026 ***150.00

DOCUMENT # P99000010809

1. Entity Name
MINE D'ART DE JEAN-CLAUDE, INC.



Principal Place of Business
**3783 NW 59 ST.
COCONUT CREEK FL 33073**

Mailing Address
**3783 NW 59 ST.
COCONUT CREEK FL 33073**

2. Principal Place of Business
4958 S.W. 129 TERRACE
Suite, Apt. #, etc.

3. Mailing Address
4958 S.W. 129 TERRACE
Suite, Apt. #, etc.

City & State
MIRAMAR FLORIDA

City & State
MIRAMAR FLORIDA

4. FEI Number **65-0894660**

Applied For
Not Applicable

Zip Country
33027 BROWARD

Zip Country
33027 BROWARD

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SALIBA, JEAN-CLAUDE
3783 NW 59 ST.
COCONUT CREEK FL 33073**

7. Name and Address of New Registered Agent

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. 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

TITLE **P** ☐ Delete
NAME **JEAN-CLAUDE, SALIBA**
STREET ADDRESS **3783 NW 59 ST**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **JEAN-CLAUDE SALIBA**
STREET ADDRESS **4958 S.W. 129 TERRACE**
CITY-ST-ZIP **MIRAMAR, FL. 33027**

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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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

02/15/03 (954) 214-2594

Date

Daytime Phone #

CR2E034 (10/02)