

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91608 033 ***150.00

DOCUMENT # P99000039769

1. Entity Name
ESPACE-MODE, INC.

Principal Place of Business

**777 NW 72ND AVE
 311
 MIAMI FL 33126**

Mailing Address

**777 NW 72ND AVE
 311
 MIAMI FL 33126**

433165



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

65-0922966

Applied For

Not Applicable

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

**ELBAZ, JEAN M
 777 N.W. 72ND AVENUE
 #3(1)1
 MIAMI FL 33126**

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** ☐ Delete
 NAME **BENSOUSSAN, PATRICK**
 STREET ADDRESS **10101 COLLINS AVE APPT 14B**
 CITY-ST-ZIP **BAL HARBOUR FL 33154**

TITLE **P** ☒ Change ☐ Addition
 NAME **Bensoussan, Patrick**
 STREET ADDRESS **2600 Island Boulevard**
 CITY-ST-ZIP **Aventura, FL 33180**

TITLE **VP** ☐ Delete
 NAME **ELBAZ, JEAN-MICHEL**
 STREET ADDRESS **10275 COLLINS AVE APPT 809**
 CITY-ST-ZIP **BAL HARBOUR FL 33154**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

CR2E034 (9/01)

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:

Jean-Michel Elbaz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/02
 Date

305.329.2518
 Daytime Phone #