

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

04-21-2003 90384 041 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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	
2. Principal Place of Business		3. Mailing Address 208 N. University Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Pembroke Pines, FL	
Zip	Country	Zip	Country
		33024	USA
4. FEI Number 65-0922966		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 ELBAZ, JEAN M 777 N.W. 72ND AVENUE #3111 MIAMI, FL 33126		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 _____ (NOTE: Registered Agent's signature required when registering)			
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 NAME STREET ADDRESS CITY-ST-ZIP	P BENSOUSSAN, PATRICK 2600 ISLAND BLVD. AVENTURA, FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELBAZ, JEAN-MICHEL 10275 COLLINS AVE APPT 809 BAL HARBOUR, FL 33154 ☐ 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
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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: _____		4/18/03 786-326-3323	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CH2EC034 (10/02)