

2001 UNIFORM BUSINESS REPORT (UBR)

5/15

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-15-2001 90018 003 ***150.00

DOCUMENT # P99000076274

1. Entity Name

ELEANOR L'AMIE, INC.

Principal Place of Business

**126 SUNFLOWER CIRCLE
 ROYAL PALM BEACH FL 33441**

Mailing Address

**126 SUNFLOWER CIRCLE
 ROYAL PALM BEACH FL 33441**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLUMMER, CHRISTOPHER
 126 SUNFLOWER CIRCLE
 ROYAL PALM BEACH FL 33441**

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, 2001 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 **D** ☐ Delete
 NAME **MYLES, JANICE GRACE E**
 STREET ADDRESS **6 SOUTH OAK STREET**
 CITY-ST-ZIP **SPRING VALLEY NY 10877**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

[Signature] **JANICE MYLES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

Date

Daytime Phone #

CR2E034 (10/00)

Received Oct-10-99 10:28pm

06/11/01 MON 23:35 FAX 678 530 6156

from 678 530 6156 → ASK FINANCIAL SOL

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TELETYPE

Internal Revenue Service

Accounts Management Division I

Branch II - Teletin Unit

Stop 751

PO Box 47421

Chamblee, GA 30362

Phone 678-530-7234/7235

FAX 678-530-6156

Date: June 11, 2001

Employee Identification: 0716827046

TO:	JANICE MYLES	FAX:	561-798-4176
FROM:	Accounts Management Division I Teletin Unit	Pages:	1
Company Name	ELEANOR L'AMIE INC	Employer ID #	65-1111097
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	

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