

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111382

1. Entity Name

FRENCH RIVIERA BOUTIQUE, INC.

Principal Place of Business

4920 NW 65TH AVENUE  
FT. LAUDERDALE FL 33319

Mailing Address

4920 NW 65TH AVENUE  
FT. LAUDERDALE FL 33319

2. Principal Place of Business

321 N. University Dr

3. Mailing Address

Suite, Apt. #, etc.

City & State

Plantation FL

City & State

4. FEI Number

65-0971140

Applied For

Not Applicable

Zip

Country

33324 33324 USA

Zip

Country

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

LABOURO, STEPHANIE  
4920 NW 65TH AVENUE  
FT. LAUDERDALE FL 33319

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)

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**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.

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**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME LABOURO, STEPHANIE  
STREET ADDRESS 4920 NW 65TH AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL 33319

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD  
NAME FARAH, SAMIR  
STREET ADDRESS 4920 NW 65TH AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL 33319

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS  
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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90158 047 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)