

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S13646

i. Entity Name

LA VOGUE ANEW, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90006 044 ***150.00

Principal Place of Business

Mailing Address

N FEDERAL HWY
LAUDERDALE FL 33306

3000 N FEDERAL HWY
FT LAUDERDALE FL 33306-1416

951112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

38 S. SEWALL'S PT. RD.

Suite, Apt. #, etc.

3. Mailing Address

38 S. SEWALL'S PT. RD.

Suite, Apt. #, etc.

City & State
STUART, FLORIDA

City & State
STUART, FLORIDA

4. FEI Number 65-0231337

Applied For
Not Applicable

Zip
34996

Country

Zip
34996

Country
MARTIN

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

6. Name and Address of Current Registered Agent

SHORT, DIANNE
3000 N FEDERAL HWY
FT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

38 S. SEWALL'S PT. ROAD

City

STUART

FL

Zip Code

34996

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 *Dianne Short, Pres.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/2000

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, 2000 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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	SHORT, DIANNE	
STREET ADDRESS	3000 N FEDERAL HWY	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SHORT, HERB	
STREET ADDRESS	3000 N. FEDERAL HIGHWAY	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	38 S. SEWALL'S PT. RD.	
CITY-ST-ZIP	STUART, FL 34996	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	38 S. SEWALL'S PT. RD.	
CITY-ST-ZIP	STUART, FL 34996	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dianne Short, Pres. DIANNE SHORT, PRES.

Date

4/17/2000

Daytime Phone #

561/221-8819

CR2E034 (9/99)