

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**  
 05-19-2002 90199 015 \*\*\*150.00

CR14623 AT

**DOCUMENT # S90700**

**1. Entity Name**  
**VANILLA OVERSEAS GROUP INC.**

**Principal Place of Business**

**8840 BELLANCA AVE.**  
**LOS ANGELES CA 90045**

**Mailing Address**

**P.O. BOX 881447**  
**LOS ANGELES CA 90009-1422**

**2. Principal Place of Business**

**3. Mailing Address**

**P.O. BOX 310789 MIAMI FL 33129**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**65-0296446**

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**

**EVARD, VAN MALDEREN**  
**7162 LAKE ISLAND DRIVE**  
**LAKE WORTH FL 33467**

Name

**MARC COLIN**

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

**1027 BRICKELL AVE. #2607**

City

**MIAMI**

FL

Zip Code

**33129**

**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.

**MARC COLIN - PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

**4/25/2002**

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** PS ☐ Delete  
**NAME** COLIN, MARC F  
**STREET ADDRESS** 131 BLVD. GENERAL KOENIG  
**CITY-ST-ZIP** NEUILLY-FRANCE 92200

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

**TITLE** VP ☐ Delete  
**NAME** COLIN, MARIE F  
**STREET ADDRESS** 131 BLVD. GENERAL KOENIG  
**CITY-ST-ZIP** NEUILLY-FRANCE 92200

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

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

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**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:**

**SIGNATURES REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARC COLIN**

**4/25/2002**

Date

Daytime Phone #

CR2E034 (9/01)