

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90027 047 ***150.00

0304805

DOCUMENT # V48849

1. Entity Name

THE LECLAIRE BRIDAL COLLECTION INC.

Principal Place of Business

6018 SW 18 ST
 SUITE C3
 BOCA RATON FL 33433

Mailing Address

6018 SW 18 ST
 SUITE C3
 BOCA RATON FL 33433

2. Principal Place of Business

3197 N. FEDERAL HWY.
 Suite, Apt. #, etc.

3. Mailing Address

3197 N. FEDERAL HWY.
 Suite, Apt. #, etc.

City & State

BOCA RATON FL.

City & State

BOCA RATON FL.

Zip

33431

Country

FL

Zip

33431

Country

FL

6. Name and Address of Current Registered Agent

CLERK, ROBERT I.
 6018 SW 18 ST
 SUITE C3
 BOCA RATON FL 33433

3197 NORTH FEDERAL HWY.
 BOCA RATON.
 FL 33431

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.

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

TITLE P
 NAME CLERK, ROBERT
 STREET ADDRESS 4533 NW 7 PLACE
 CITY-ST-ZIP DEERFIELD BEACH FL ☐ Delete

TITLE V
 NAME CLERK, SHIRLEY A.
 STREET ADDRESS 4533 NW 7 PLACE
 CITY-ST-ZIP DEERFIELD BEACH FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 414 NW 47 TERR.
 CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 414 NW 47 TERR.
 CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ Change ☐ Addition
 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
 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:

Robert Clerk ROBERT CLERK.

1-29-01

561-394-8043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)