Sep 17, 2001 8:00 am Secretary of State
09-17-2001 90132 039 ***558.75

2001 UNIFORM BUSINESS REPORT (UBR)

F00000002514

DOCUMENT # 1. Entity Name

MULTITHEMATIQUES, INC.

Principal Place of Business

Mailing Address

311 LINCOLN ROAD, SUITE 300 MIAMI BEACH FL 33139

311 LINCOLN ROAD, SUITE 300

MIAMI BEACH FL 33139

2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. 5	FEI Number	OR	-	oplied For	
Zip	Country	Zip	Country		Certificate of Status Desired	Nz(\$	8.75 Add		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
					——————————————————————————————————————		77.12		
C T CORPORATION SYSTEM				Ctroot Address (D.O. Ber Muschasia Net Association)					
1200 SOUTH PINE ISLAND ROAD			Sireet At	Street Address (P.O. Box Number is Not Acceptable)					
PLANTAT	ION FL 33324				-				
· ~	· -		City				1 7: 0 4		
محتون			City		,	FL	Zip Cod	e	
8. The above	e named entity submits this statement for	the purpose of changing its r	egistered office or	registered age	ent, or both, in the State of Fi	orida.	-		
SIGNATURE	Signature, typed or printed name of registered agent an	100 2							
	Signature, typed or printed harne or registered agent an	to the ir applicable. (NOTE:	Registered Agent signatu	re required when re	instating)	DATE			
- · · · · · · · · · · · · · · · · · · ·			! FEE IS \$550.0		10. Election Campaign Fi	nancina	ee o		
_	requirement and elects to do so. ria on back)	After September 12, 2001 Fee will be \$7 Make Check Payable to Department of \$			Trust Fund Contribution			0 May Be I to Fees	
TITLE	PTCD OFFICERS AND D		12.		DITIONS/CHANGES TO OFF				
NAME '	THOULOUZE, MICHEL	Delete	TITLE NAME	770)	TH 60:00 1	Į.	Change	Addition	
STREET ADDRESS	311 LINCOLN ROAD, SUITE 300		STREET ADDRESS	31000	THE PASCO	ie ann	1		
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP	111 400	THISADEU	331	39		
TITLE	vs	Delete	TITLE	~u/n·\	1 Demoty 1-1		Change	Addition	
NAME	OLLE-LAPRUNE, JEAN	Apoloto	NAME			·	Onlange		
STREET ADDRESS	311 LINCOLN ROAD, SUITE 300		STREET ADDRESS						
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP					1	
TITLE	VAS	Delete	TITLE .				Change	Addition	
NAME	MARGOSSIAN, MARIE CLAIRE		NAME					~	
STREET ADDRESS CITY: ST-ZIP	311 LINCOLN ROAD, SUITE 300 MIAMI BEACH FL 33139		STREET ADDRESS CITY-ST-ZIP						
TITLE	IMPANI DEACH LE 33139		1	-					
NAME		☐ Delete	TITLE NAME			L	Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP					}	
TITLE		☐ Delete	TITLE		- 11-0		Change	Addition	
NAME			NAME			_			
STREET ADDRESS			STREET ADDRESS					ŀ	
CITY-ST-ZIP		4	CITY-ST-ZIP	<u></u>	7461				
TITLE		Delete	TITLE				Change	☐ Addition	
NAME Street address			NAME						
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						

13. I hereby certify that the information supplied with this filling 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 same appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.