

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90020 023 ***150.00

DOCUMENT # F94000005281

1. Entity Name

AMEROP SUGAR CORPORATION

Principal Place of Business

Mailing Address

701 BRICKELL AVE
 STE 2200
 MIAMI FL 33131
 US

701 BRICKELL AVE
 STE 2200
 MIAMI FL 33131-2860
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-2019920

Applied For

Not Applicable

Zip

Country

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SONGEUR, THIERRY J	
STREET ADDRESS	701 BRICKELL AVE SUITE 2200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	VARSANO, SERGE	
STREET ADDRESS	20/22, RUE DE LA VILLE L EVEQUE	
CITY-ST-ZIP	75008 PARIS 75008/FRANCE	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAILLY, JEAN NICHEL	
STREET ADDRESS	20122, RUE LA DE VILE L EVEQUE	
CITY-ST-ZIP	75008 PARIS 75	
TITLE	D	<input type="checkbox"/> Delete
NAME	THIERRY, BOURVIS	
STREET ADDRESS	20122 RUE DE LA VILLE LEVEQUE	
CITY-ST-ZIP	75008 PARIS 75	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCVAN, MELLE	
STREET ADDRESS	20122 RUE LA LAVILLE LEVEQUE	
CITY-ST-ZIP	75008 PARIS FR	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL GUTMAN	
STREET ADDRESS	701 BRICKELL AVE SUITE 2200	
CITY-ST-ZIP	MIAMI, FL. 33131	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILLES DENISTY	
STREET ADDRESS	20/22 RUE DE LA VILLE L'EVEQUE	
CITY-ST-ZIP	75008 PARIS 75008/FRANCE	
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

Date

Daytime Phone #

[Signature] **SILVIA GALLO, CONTROLLER** 1.25.00 (305)347-4710

CR2E034 (9/99)