NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State
02-25-2002 90014 032 ****70.00

DOCUMENT # N40334

1. Entity Name French American Business Council For Greater Orlando (Central Florida), Inc. DBA French-American Chamber of Commerce of Greater Orlando

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2369 Whispering Maple Dr Suite, Apt. #, etc.	P.O. Box 690535 Suite, Apt. #, etc.
City & State: Orlando Fl.	City & State: Orlando, Fl.
Zip: 32837 Country: USA	Zip: 32869-0535 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3033537 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Thierry A. Pauquet

Street Address (P.O. Box Number is Not Acceptable): 2369 Whispering Maple Dr

City: Orlando FL Zip Code: 32837

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] Thierry A Pauquet PRESIDENT 02/07/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Thierry A. Pauquet
STREET ADDRESS	2369 Whispering Maple Dr.
CITY-ST-ZIP	Orlando Fl. 32837
TITLE	Vice-President
NAME	Brigitte Dagot
STREET ADDRESS	7657 Mt Carmel Dr.
CITY-ST-ZIP	Orlando, Fl. 32835
TITLE	Director Membership
NAME	Catherine Metais
STREET ADDRESS	10418 Brilliant Ct
CITY-ST-ZIP	Orlando, Fl. 32836
TITLE	Treasurer
NAME	Edmonde Narsisyan
STREET ADDRESS	8997 Le Valley Ct
CITY-ST-ZIP	Orlando Fl. 32819
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 02/07/02 407-443-0592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #