

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90410 010 ***150.00

DOCUMENT # P00000029736



1. Entity Name
AZERTY COMPONENTS, INC.

Principal Place of Business
**3601 SWANN AVE. #206
TAMPA FL 33609**

Mailing Address
**3601 SWANN AVE. #206
TAMPA FL 33609**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3649306**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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

**PEREZ, FERNANDO III
101 E. KENNEDY BLVD.
TAMPA FL 33602**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BEAUFILLS, MICHEL	
STREET ADDRESS	8, RUE DU FRONT POPULAIRE	
CITY-ST-ZIP	RIS-ORANGIS FRANCE 91130	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MOINEAU, PHILLIPE	
STREET ADDRESS	8, RUE DU FRONT POPULAIRE	
CITY-ST-ZIP	RIS-ORANGIS FRANCE 91130	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JADOT, SEBASTIEN	
STREET ADDRESS	3601 SWANN AVE #206	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	S	<input type="checkbox"/> Delete
NAME	JADOT, JEAN-CLAUDE	
STREET ADDRESS	PLACE 38, PETIT ENGHEN	
CITY-ST-ZIP	BELGIUM BL &-85	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLIN, JEAN MICHEL	
STREET ADDRESS	8, RUE DU FRONT POPULAIRE	
CITY-ST-ZIP	RIS-ORANGIS FRANCE 91130	
TITLE	D	<input type="checkbox"/> Delete
NAME	COUSOT, BRUNO	
STREET ADDRESS	8, RUE DU FRONT POPULAIRE	
CITY-ST-ZIP	RIS-ORANGIS FRANCE 91130	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

~~SIGNATURE REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

813-872-9753

Daytime Phone #

CR2E034 (10/02)