

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90021 046 ***150.00

0696904 IN

DOCUMENT # P01000010476

1. Entity Name
IRIS S.A., INC.

Principal Place of Business Mailing Address
13 RUE STEPHAN **13 RUE STEPHAN**
MUSSEAU, HAITI **MUSSEAU, HAITI**

2. Principal Place of Business 3. Mailing Address
22 RUE JEAN-BAPTISTE **22 RUE JEAN-BAPTISTE**

Suite, Apt. #, etc. Suite, Apt. #, etc.
APT # 1 **APT # 1**

City & State City & State
CANAPE-VERT, P.A.P. **CANAPE-VERT, P.A.P.**

Zip Country Zip Country
 HAITI **HAITI**

4. FEI Number Applied For
98-0338279 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 *Alix Lilavois* **ALIX LILAVOIS** **02-14-2002**
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, 2002 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	D <input type="checkbox"/> Delete
NAME	MAHOUBI, BRIAN
STREET ADDRESS	1101 30TH STREET NORTHWEST #500
CITY-ST-ZIP	WASHINGTON DC 20007
TITLE	D <input type="checkbox"/> Delete
NAME	LILAVOIS, ALIX
STREET ADDRESS	22 RUE CANAPE VERT
CITY-ST-ZIP	PORT AU PRINCE, HAITI
TITLE	D <input type="checkbox"/> Delete
NAME	COICOU, JEAN-JACQUES
STREET ADDRESS	176 JEAN-PAUL II
CITY-ST-ZIP	PORT AU PRINCE, HAITI
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. LILAVOIS, ALIX
STREET ADDRESS	22 RUE JEAN-BAPTISTE, CANAPE-VERT
CITY-ST-ZIP	PORT-AU-PRINCE, HAITI
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: *Alix Lilavois* **ALIX LILAVOIS** **02-14-2002** **509-245-0292**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)