

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 05, 2001 8:00 am**
Secretary of State

02-05-2001 90114 032 ***150.00

DOCUMENT # 850627

1. Entity Name

SOTHYS U.S.A., INC.

Principal Place of Business

**1500 NW 94TH AVE
MIAMI FL 33172**

Mailing Address

**1500 NW 94TH AVE
MIAMI FL 33172**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2158173

Applied For

Not Applicable

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

**CHRISTIAN GARCES DE MARCILLA
13900 SW 30 STREET
MIAMI FL 33175**

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 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VD	MAS, BERNARD	163 FBG ST HONORE	PARIS, FR 00000	<input type="checkbox"/>
TD	MAS, GEORGES	163 FBG ST HONORE	PARIS, FR 00000	<input type="checkbox"/>
AS	GARCES, VIVIANE	13900 SW 30TH ST	MIAMI, FL 00000	<input type="checkbox"/>
SD	MAS, JEAN PIERRE	163 FBG ST HONORE	PARIS, FR 00000	<input type="checkbox"/>
PD	DE MARCILLA, CHRISITAN G	13900 SW 30TH ST	MIAMI, FL 00000	<input type="checkbox"/>
				<input type="checkbox"/>

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

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

Christian Garces

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTIAN GARCES

Date

1-24-01

Daytime Phone #

(305) 594-4222

CR2E034 (10/00)