

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90040 031 ***158.75

DOCUMENT # S46014

1. Entity Name

JPPT SHOWROOM, INC.

Principal Place of Business

C/O LACY
22961 JOHN AVERY LANE
CUDJOE KEY FL 33042
US

Mailing Address

BP 1413
ORLEANS CEDEX 1. FRANCE 45004
OC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O LIEBMAN STUDIO

3. Mailing Address

BP 41413

Suite, Apt. #, etc.

32 NE 39 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

ORLEANS Cedex 01

4. FEI Number

65-0282439

Applied For

Not Applicable

Zip

33137

Country

USA

Zip

45004

Country

FRANCE

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PELLETIER-TROUPET J-PIERRE
C/O LACY
22961 JOHN AVERY LANE
CUDJOE KEY FL 33042

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

C/O LIEBMAN STUDIO

32 NE 39 ST

City

MIAMI

FL

Zip Code

33137

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, 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 **PD** ☐ Delete
NAME **PELLETIER-TROUPET, JP**
STREET ADDRESS **22961 JOHN AVERY LANE (C/O LACY)**
CITY-ST-ZIP **CUDJOE KEY FL 33042**

TITLE **SD** ☐ Delete
NAME **BEUDARD, BERNARD**
STREET ADDRESS **22961 JOHN AVERY LANE (C/O LACY)**
CITY-ST-ZIP **CUDJOE KEY FL 33042**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☐ Addition
NAME **PELLETIER-TROUPET JP**
STREET ADDRESS **C/O LIEBMAN STUDIO - 32 NE 39 ST**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **SD** ☐ Change ☐ Addition
NAME **BEUDARD BERNARD**
STREET ADDRESS **C/O LIEBMAN STUDIO. 32 NE 39 ST**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/02

Date

11(33)
686089061

Daytime Phone #

CR2E034 (9/01)