

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F33696

1. Entity Name

TRADITIONS DE FRANCE, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90073 038 ***150.00

Principal Place of Business

Mailing Address

6201 JOHNS ROAD
SUITE 10
TAMPA FL 33634

6201 JOHNS ROAD
SUITE 10
TAMPA FL 33634-4434

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

59-2105839

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

FROUTE, MONIQUE M
14503 BRENTWOOD DRIVE
TAMPA FL 33618

Name
Thierry, Bertrand

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

6201 Johns Rd.

Suite 10

City

Tampa

FL

Zip Code

33634

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 *Thierry Bertrand* Bertrand Thierry

4-30-00

Signature, typed or printed name of registered agent and type 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, 2000 Fee will be \$650.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME FROUTE, CLAUDE
STREET ADDRESS 14503 BRENTWOOD DR
CITY-ST-ZIP TAMPA FL

TITLE PD ☐ Change ☒ Addition
NAME Thierry, Bertrand
STREET ADDRESS 6201 Johns Rd, Suite 10
CITY-ST-ZIP Tampa, FL 33634

TITLE VSD ☒ Delete
NAME FROUTE, MONIQUE M
STREET ADDRESS 14503 BRENTWOOD DR
CITY-ST-ZIP TAMPA, FL 00000

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

TITLE TD ☒ Delete
NAME FROUTE, BEATRICE
STREET ADDRESS 4135 MURIEL PLACE
CITY-ST-ZIP TAMPA FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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: *Thierry Bertrand* Bertrand Thierry

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-00

CR2E034 (9/99)