

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90103 040 \*\*\*150.00

826511



DO NOT WRITE IN THIS SPACE

**DOCUMENT # F75173**

1. Entity Name  
**GAUTIER USA, INC.**

|   |  |
|---|--|
| Principal Place of Business<br>1521 W COPANS RD.<br>STE. 109<br>POMPANO BCH FL 33064-1513<br>US | Mailing Address<br>1521 W COPANS RD.<br>STE.109<br>POMPANO BCH FL 33064-1540<br>US |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   | 3. Mailing Address<br>Suite, Apt. #, etc.  |
| City & State  | City & State   |
| Zip Country   | Zip Country  |

4. FEI Number **59-2173840** Applied For  Not Applicable

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

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>GOSSELIN, EMMANUEL J.<br/>1300 SE 12TH TERRACE<br/>DEERFIELD BEACH FL 33441</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 \_\_\_\_\_ (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.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>SOULARD, DOMINIQUE<br/>B.P. 10,85510 LE BOUPERE<br/>FRANCE</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>GOSSELIN, EMMANUEL J.<br/>1300 SE 12TH TERRACE<br/>DEERFIELD BCH. FL</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 689, 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: EMMANUEL J. GOSSELIN, V.P., CEO** APRIL 15, 2000 (954)975-3303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)