


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90121 006 \*\*\*150.00

**DOCUMENT # F75173**

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



Principal Place of Business  
**3155 N ANDRWES AVE EXT  
POMPANO BEACH FL 33064  
US**

Mailing Address  
**3155 N ANDRWES AVE EXT  
POMPANO BEACH FL 33064  
US**

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 **59-2173840**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

~~GOSELIN, EMMANUEL J.  
1300 SE 12TH TERRACE  
DEERFIELD BEACH FL 33441~~

**7. Name and Address of New Registered Agent**

Name FREDERIC M. BARTHE Esq

Street Address (P.O. Box Number is Not Acceptable)  
2455 E. Sunrise Blvd, #602

City Fort. Lauderdale FL Zip Code 33304

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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE *Frederic M. Barthe* Frederic M. Barthe 3/24/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>SOULARD, DOMINIQUE</b>
STREET ADDRESS	<b>B.P. 10,85510 LE BOUPERE</b>
CITY-ST-ZIP	<b>FRANCE</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>GOSELIN, EMMANUEL J.</b>
STREET ADDRESS	<b>1300 SE 12TH TERRACE</b>
CITY-ST-ZIP	<b>DEERFIELD BCH. FL</b>
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOULARD DOMINIQUE</b>
STREET ADDRESS	<b>B.P. 10,85510 LE BOUPERE</b>
CITY-ST-ZIP	<b>FRANCE</b>
TITLE	<b>VSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOSELIN, EMMANUEL J.</b>
STREET ADDRESS	<b>1300 SE 12TH TERRACE</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33441</b>
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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Emmanuel J. Goselin VP* Emmanuel J. Goselin VP 3/24/03 (954) 975 3303

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)