

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90045 020 ***150.00

DOCUMENT # F98000003105

1. Entity Name
RESOURCE INTERNATIONALE INC.

Principal Place of Business
1550 MADRUGA AVE. SUITE 210
CORAL GABLES FL 33146

Mailing Address
1550 MADRUGA AVE. SUITE 210
CORAL GABLES FL 33146



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

HOME.
194

Suite, Apt. #, etc.
194
 City & State

3. Mailing Address

1172 SDNIE Hwy MRB
194

Suite, Apt. #, etc.
194
 City & State
CORAL GABLES

4. FEI Number **NOT APPLICABLE**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

COLAS-GERVAIS, SHERI
1550 MADRUGA AVE, SUITE 210
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name **Resource Internationale inc**
 Street Address (P.O. Box Number is Not Acceptable)
11475 SW 109 Place.
 City **MIAMI** **FL** Zip Code **33176-8448**

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 **JEAN GERVAIS** **Jean Gervais** **4/29/02**
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 **CP** ☐ Delete
 NAME **GERVAIS, JEAN W**
 STREET ADDRESS **1550 MADRUGA AVE, SUITE 312**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **VSTD** ☒ Delete
 NAME **COLAS-GERVAIS, SHERI**
 STREET ADDRESS **1550 MADRUGA AVE, SUITE 312**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

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 **GERVAIS JEAN W** ☐ Change ☐ Addition
 NAME **1172 SDNIE Hwy 194**
 STREET ADDRESS **CORAL GABLES FL 33146**
 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

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)(l), 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: **Jean Gervais** **4/29-02-305667-0402**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)