

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004974

1. Entity Name
TOUAX EQUIPMENT LEASING CORPORATION

FILED
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90010 025 ***558.75

Principal Place of Business
% GOLD CONTAINER CORP.
2137 JACKSONVILLE STREET
FT. MYERS FL 33931

Mailing Address
% GOLD CONTAINER CORP.
2137 JACKSONVILLE STREET
FT. MYERS FL 33931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 51-0408866

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

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

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

City

FL

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
NAME WALEWSKI, ALEXANDRE
STREET ADDRESS 5 RUE BELLINE
CITY-ST-ZIP PUTEAUX-LA-DEFENSE, FRANCE ☐ Delete

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

TITLE VD
NAME WALEWSKI, FABRICE
STREET ADDRESS 5 RUE BELLINE
CITY-ST-ZIP PUTEAUX-LA-DEFENSE, FRANCE ☐ Delete

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

TITLE ST
NAME POSTEL-VINAY, ANTONINE
STREET ADDRESS 5 RUE BELLINE
CITY-ST-ZIP PUTEAUX-LA-DEFENSE, FRANCE ☒ Delete

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

TITLE D
NAME WALEWSKI, RAPHAEL
STREET ADDRESS 5 RUE BELLINE
CITY-ST-ZIP PUTEAUX-LA-DEFENSE, FRANCE ☐ Delete

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

TITLE D
NAME IMPERIALE, MICHAEL A
STREET ADDRESS 5 RUE BELLINE
CITY-ST-ZIP PUTEAUX-LA-DEFENSE, FRANCE ☐ Delete

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

TITLE D
NAME FAJT, MIROSLAV
STREET ADDRESS 237 PARK AVENUE
CITY-ST-ZIP NEW YORK NY 10017 ☐ Delete

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

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fabrice walewski
July 25, 2002
Daytime Phone #

CR2E034 (4/02)