

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G16193

1. Entity Name

ARNAUD DE PARIS, INC.

FILED
Sep 20, 2000 8:00 am
Secretary of State

09-20-2000 90004 024 ***550.00

Principal Place of Business

777 NW 72ND AVENUE
 #28856
 MIAMI FL 33126-3009
 US

Mailing Address

6650 SW 102ND STREET
 MIAMI FL 33156
 US

00087377



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

777 NW 72ND Ave
 Suite, Apt. #, etc.
 # 28856

3. Mailing Address

13627 Deering Bay Dr.
 Suite, Apt. #, etc.
 1003

City & State

Miami FL

City & State

Coral Gables FL

Zip

33126

Country

USA

Zip

33156

Country

USA

4. FEI Number

59-2390683

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KARSENTI, MICHELE
 6650 S.W. 102ND ST.
 MIAMI FL 33156

7. Name and Address of New Registered Agent

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.

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, 2000 Min. 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

TITLE PD
 NAME KARSENTI, MICHELE
 STREET ADDRESS 6650 SW 102 ST.
 CITY-ST-ZIP MIAMI FL

TITLE
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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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 CITY-ST-ZIP

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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 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

Date

Daytime Phone #

9-15-2000