

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J16425

1. Entity Name

MON PLAISIR TRADING CO., INC.

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90100 035 ***150.00

Principal Place of Business

Mailing Address

DEMILDT, CORNELIS
990 WESTRIDGE DRIVE
DEBARY FL 32713
US

DEMILDT, CORNELIS
990 WESTRIDGE DRIVE
DEBARY FL 32713-2109
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2681868

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

DEMILDT, CORNELIS
990 WESTRIDGE DR
DEBARY FL 32713

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 \$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	P	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMILDT, CORNELIS		NAME	CORNELIS, DEMILDT	
STREET ADDRESS	990 WESTRIDGE DR		STREET ADDRESS	990 WESTRIDGE DRIVE	
CITY-ST-ZIP	DEBARY FL 32713		CITY-ST-ZIP	DEBARY FL 32713	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMILDT, CORNELIA		NAME	DEMILDT, CORNELIA	
STREET ADDRESS	990 WESTRIDGE DR		STREET ADDRESS	990 WESTRIDGE DRIVE	
CITY-ST-ZIP	DEBARY FL 32713		CITY-ST-ZIP	DEBARY FL 32713	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMILDT, JOHANNES C.R.K.		NAME	DEMILDT, JOHANNES C.R.K.	
STREET ADDRESS	1900 SNOOK DRIVE		STREET ADDRESS	DEBARY FL 32713	
CITY-ST-ZIP	DELTONA FL 32725		CITY-ST-ZIP	DEBARY FL 32713	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMILDT, CORNELIS		NAME	DEMILDT, CORNELIS	
STREET ADDRESS	990 WESTRIDGE DR		STREET ADDRESS	990 WESTRIDGE DRIVE	
CITY-ST-ZIP	DEBARY FL 32713		CITY-ST-ZIP	DEBARY FL 32713	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)