

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K54840

1. Entity Name

CYPRIEN CORP.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90058 027 ***150.00

Principal Place of Business

4300 N.W. 12TH AVENUE
POMPANO BEACH FL 33064

Mailing Address

4300 N.W. 12TH AVENUE
POMPANO BEACH FL 33064-1102

C0032324



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0088924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUBE, CYPRIEN P
4300 N.W. 12TH AVENUE
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name Charles E. Rutherford
Street Address (P.O. Box Number is Not Acceptable) Rutherford, Mulhall, & Wargo, P.A.
2600 N Military Trail, 4th Floor
City Boca Raton FL Zip Code 33431

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

2/24/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirements 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

TITLE	PST	<input checked="" type="checkbox"/> Delete
NAME	DUBE, CYPRIEN P	
STREET ADDRESS	4300 N.W. 12TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	BILODEAU, JACQUELINE	
STREET ADDRESS	CHASE ROAD	
CITY-ST-ZIP	EDGARTOWN MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	JARDIN, PHYLLIS	
STREET ADDRESS	ISLAND GROVE	
CITY-ST-ZIP	EDGARTOWN MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	COFFIN, JOAN	
STREET ADDRESS	187 PINE WOOD ROAD	
CITY-ST-ZIP	EASTHAM MA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	PST	<input checked="" 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		

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan Coffin

Date

Daytime Phone #

(954) 941-5730

CR2E034 (9/99)