

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L16779**

1. Entity Name

Printemps, Incorporated

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90131 034 ***158.75

Principal Place of Business

Mailing Address

A0047017

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 South Military Trail

3. Mailing Address

100 South Military Trail

Suite, Apt. #, etc.

#19

Suite, Apt. #, etc.

#19

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

4. FEI Number

65-01571601

Applied For

Not Applicable

Zip

33442

Country

USA

Zip

33442

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Kenneth Subandran
100 South Military Trail
#19
Deerfield Beach, FL 33442

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/07/01

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P. Subandran, Kenneth
100 S. Military Trail #19
Deerfield Beach, FL 33442

☐ Delete

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

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/07/01 954-282222

CR2E034 (11/00)