

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90062 030 ***150.00

DOCUMENT # L23766

1. Entity Name
ST. TROPEZ RESORT MOTEL, INC.



Principal Place of Business
**725 NORTH ATLANTIC BLVD.
C/O PHILIPPE TASSE
FORT LAUDERDALE FL 33304**

Mailing Address
**725 NORTH ATLANTIC BLVD.
C/O PHILIPPE TASSE
FORT LAUDERDALE FL 33304**



2. Principal Place of Business
2225 N.E. 19th STREET
Suite, Apt. #, etc.

3. Mailing Address
2225 N.E. 19th STREET
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
FORT LAUDERDALE FL.
Zip
33305
Country
U.S.

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Zip
33305
Country
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4. FEI Number
65-0152475

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TASSE, PHILIPPE
725 NORTH ATLANTIC BOULEVARD
FORT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name
TASSE PHILIPPE
Street Address (P.O. Box Number is Not Acceptable)
2225 N.E. 19th STREET
City
FT. LAUDERDALE FL Zip Code
33305

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TASSE, PHILIPPE 725 N. ATLANTIC BLVD. FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TASSE, PHILIPPE 725 N. ATLANTIC BLVD. FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TASSE PHILIPPE 2225 NE 19 th ST. FT. LAUDERDALE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TASSE PHILIPPE 2225 NE 19 th ST FT. LAUDERDALE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PHILIPPE TASSE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03 954-566-9834
Date Daytime Phone #

CR2E034 (10/02)