

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M27594

1. Entity Name

INDEFINI DE PARIS COMPANY

Principal Place of Business

14205 NE 18TH AVENUE
NORTH MIAMI FL 33181

Mailing Address

14205 NE 18TH AVENUE
NORTH MIAMI FL 33181-1501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GUEZ, MARIE ROMAINE
10140 W BROADVIEW DR
BAY HARBOR ISLAND FL 33154

7. Name and Address of New Registered Agent

Name

REJEAN LAPIERRE

Street Address (P.O. Box Number is Not Acceptable)

7800 W. OAKLAND PARK BLVD. BLDG. "G"

City

SUNRISE

FL

33351

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

REJEAN LAPIERRE

03-14-00

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

TITLE P ☐ Delete
NAME GUEZ, MARIE ROMAINE
STREET ADDRESS 10140 W BROADVIEW DR
CITY-ST-ZIP BAY HARBOR ISL. FL 33154

TITLE D ☐ Delete
NAME GUEZ, DAVID
STREET ADDRESS 10140 W BROADVIEW DR
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME GUEZ, MARIE ROMAINE
STREET ADDRESS 7800 W. OAKLAND PARK BLVD. BLDG. G
CITY-ST-ZIP SUNRISE, FL. 33351

TITLE VPD ☒ Change ☐ Addition
NAME GUEZ, DAVID
STREET ADDRESS 7800 W. OAKLAND PARK BLVD. BLDG. G
CITY-ST-ZIP SUNRISE, FL. 33351

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID GUEZ 03-14-00 305-948-0561

Date

Daytime Phone #

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90050 049 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2654676 ☐ Applied For ☐ Not Applicable

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

CR2E034 (9/99)