

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90109 016 ***150.00

DOCUMENT # **M 74520**

1. Entity Name

STRASSBOURG COLLECTION INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1105 N.E. 34 COURT

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

City & State

4. FEI Number

65-0047400

Applied For

Not Applicable

Zip

33334

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

LORRAINE PREVOST

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

631 RIVIERA ISLES DRIVE

City

FT. LAUDERDALE FL

Zip Code

33301

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PRESIDENT**
NAME **PIERRE PREVOST**
STREET ADDRESS **1105 N.E. 34 TH COURT**
CITY-ST-ZIP **FT. LAUDERDALE FL 33334**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Pierre Prevost
PIERRE PREVOST

President

3/17/03

954-565-1877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)