

8/15.

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 08, 2002 8:00 am
Secretary of State

08-15-2002 90048 031 ****66.20

DOCUMENT #.N00000000262

1. Entity Name

DESIR & ASSOCIATES, INC. ✓

Principal Place of Business

6701 SW 6TH STREET
PEMBROKE PINES FL 33023

Mailing Address

6701 SW 6TH STREET
PEMBROKE PINES FL 33023

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

65-0974309

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DESIR, ULRICK
6701 SW 6TH STREET
PEMBROKE PINES FL 33023

7. Name and Address of New Registered Agent

Name **NATASHA DESIR**
Street Address (P.O. Box Number is Not Acceptable)
6701 SW 6th Street
Pembroke Pines
City **FL** Zip Code **33023**

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

Ulrick Desir

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

(NOTE: Registered Agent signature required when resigning)

DATE

*8-8-2002*After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable-to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DESIR, ULRICK**
STREET ADDRESS **6701 SW 6TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33023**TITLE **D** ☐ Delete
NAME **DESIR, NOEMIE**
STREET ADDRESS **6701 SW 6TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33023**TITLE **D** ☒ Delete
NAME **DESIR, MARIE**
STREET ADDRESS **6701 SW 6TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33023**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **NATASHA U DESIR** ☐ Change ☒ Addition
NAME **NATASHA U DESIR**
STREET ADDRESS **6701 SW 6th Street**
CITY-ST-ZIP **Pembroke Pines, FL 33023**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ulrick Desir

8-09-02

Date

954-966-0293

Daytime Phone #

CR2E037 (4/02)