

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2001 8:00 am
Secretary of State

07-16-2001 90002 041 ****70.00

DOCUMENT # N00000001943

1. Entity Name

PROJET LA METROPOLE/PROJE LA METROPOL INC.

Principal Place of Business

Mailing Address

P.O. BOX 76832
 TAMPA FL 33675

P.O. BOX 76832
 TAMPA FL 33675

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROS, BERNARD H MR
11824 HICKORY NUT DR.
TAMPA FL 33625

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

(NOTE: Registered Agent signature required when reinstating)

[Signature]
 7/9/01
 DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROS, EMMANUEL 4711 APT. 705 W. WATERS AVE TAMPA FL 33614	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBIN, DIEUFILS 1212 24TH AVE. TAMPA FL 33605	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOS BROS, BERNARD H 11824 HICKORY NUT DR TAMPA FL 33625	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACQUES, FRITZ 1723 APT. B W PALMETTO ST TAMPA FL 33607	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODOLPHE, GEL 2718 W. STATE ST TAMPA FL 33609	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director LAMOUR MICHEL 1018 Longshoreman's Apt. C51 TPA FL 33605	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Zimmering Kelly 10613 Willowbrae Dr. TPA FL 33624	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bros Judith D. 11824 Hickory Nut Dr. TPA FL 33625	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Theodate Nancy 5401 Marlwood Ct. TPA FL 33624	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Hernandez Carole 12458 Mount Dragon Dr. TPA FL 33625	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Harley Dwight 2516 Baker St. LUTZ FL 33511	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]
 SIGNED

7/9/01

(813) 334-5708
 (813) 336-1997

CR2E037 (5/01)