

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000007387**

1. Entity Name

ASSOCIATION TELEVISION FRANCAISE INC.

Principal Place of Business

**5547 DUBLIN DRIVE
FORT LAUDERDALE FL 33312**

Mailing Address

**5547 DUBLIN DRIVE
FORT LAUDERDALE FL 33312**

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

65-0983184

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

**LAPIERRE, ROLLAND
3030 WEST HALLANDALE
HALLANDALE FL 33009**

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)

DATE

**FILE NOW:
FEE IS \$61.25**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	<input type="checkbox"/> Delete
	P			
	GUAY, VITAL	2209 S LAKE DRIVE	FORT LAUDERDALE FL 33312	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

	VP			
	SARRAZIN, GILLES	2 SPRUCE STREET	HOLLYWOOD FL 33023	

	ST			
	LAPIERRE, ROLLAND	3030 W HALLANDALE	HALLANDALE FL 33009	

	D			
	ROY, JANICE	317 NW 48TH COURT	POMPANO BEACH FL 33064	

	D			
	BARIL, JACQUES	900 SW 20TH TERRACE APT 5-8	HALLANDALE FL 33009	

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

Date

Daytime Phone #

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90011 043 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)