

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000008402

1. Entity Name
FIBER-FAB CORPORATION

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90153 028 ***150.00

Principal Place of Business

709 S.E. 10TH STREET
DELRAY BEACH FL 33483

Mailing Address

709 S.E. 10TH STREET
DELRAY BEACH FL 33483

2. Principal Place of Business

4680 PALM RIDGE BLVD.
Suite, Apt. #, etc.

3. Mailing Address

4680 PALM RIDGE BLVD.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DELRAY BEACH

City & State

DELRAY BEACH

4. FEI Number

06-0987088

Applied For

Not Applicable

Zip

Country

33445

P.B.

Zip

Country

33445

P.B.

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

BROSSEAU, JEAN
709 S.E. 10TH STREET
DELRAY BEACH FL 33483

Name

BROSSEAU, JEAN

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

4680 PALM RIDGE BLVD.

City

DELRAY BEACH

FL

Zip Code

33445

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

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	BROSSEAU, JEAN J	
STREET ADDRESS	709 S.E. 10TH STREET	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4680 PALM RIDGE BLVD.
CITY-ST-ZIP	DELRAY BEACH 33445
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *JEAN J. BROSSEAU* **JEAN J. BROSSEAU** 4/9/01 904-630-3093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)