

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**

04-07-2001 90016 012 \*\*\*150.00

0270875

**DOCUMENT # P00000013922**

1. Entity Name

**HISTORICAL FRENCH ART, INC.**

Principal Place of Business

Mailing Address

**16632 SADDLE CLUB ROAD  
WESTON FL 33326**

**16632 SADDLE CLUB ROAD  
WESTON FL 33326**

2. Principal Place of Business

**1940 - 3 N. Commerce Pkwy**

3. Mailing Address

**1940 - 3 N Commerce Pkwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Weston, FL**

City & State

**WESTON FL**

4. FEI Number

**65-0979671**

Applied For

Not Applicable

Zip

Country

**33326**

**USA**

Zip

Country

**33326**

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**VIMES, PATRICK  
700 E. DANIA BEACH BLVD., SUITE 202  
DANIA FL 33004**

7. Name and Address of New Registered Agent

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

**04/01/01**

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** ☒ Delete  
NAME **FERDANI, SOPHIE**  
STREET ADDRESS **16632 SADDLE CLUB ROAD**  
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition  
NAME **BRUNO YVES**  
STREET ADDRESS **16831 Royal Poinciana Drive**  
CITY-ST-ZIP **33326 Weston FL**

TITLE **VP** ☐ Change ☒ Addition  
NAME **PORTILLA ERIC**  
STREET ADDRESS **488 Sibley Circle**  
CITY-ST-ZIP **Weston FL 33326**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/06/01 954-659-2662**  
Date Daytime Phone #

CR2E034 (10/00)