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FILED
May 01, 2002 8:00 am
Secretary of State

04-02-2002 90091 006 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000013972

1. Entity Name

PIERRE DE FRANCE COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6928 NW 33rd STREET

3. Mailing Address

6928 NW 33rd STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MARGATE, FLORIDA

City & State

MARGATE, FLORIDA

4. FEI Number

65-1047162

Applied For

Not Applicable

Zip

33063

Country

USA

Zip

33063

Country

USA

5. Certificate of Status Desired ☐

\$6.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name LABATE, MARK J

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

800 SE 3rd AVENUE, SUITE #301

City

FORT LAUDERDALE

FL

Zip Code
33316

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAROCHE, PIERRE
6928 NW 33RD STREET
MARGATE, FLORIDA 33063

TITLE
NAME
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/2002

Date

Daytime Phone #

CR2E034B (12/01)