

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022354

1. Entity Name

CAROLINE DE REYMAEKER, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90123 036 ***150.00

Principal Place of Business

C/O 4100 NORTH MIAMI AVENUE
MIAMI FL 33127

Mailing Address

C/O 4100 NORTH MIAMI AVENUE
MIAMI FL 33127

2. Principal Place of Business

2231 NE 192nd St
Suite, Apt. #, etc.

3. Mailing Address

2231 NE 192nd St.
Suite, Apt. #, etc.

City & State

N. Miami Beach

City & State

N. Miami Beach

Zip

Country

33180 USA

Zip

Country

33180 USA

6. Name and Address of Current Registered Agent

GOVAERT, GUI L.P.
4100 NORTH MIAMI AVENUE
MIAMI FL 33127

7. Name and Address of New Registered Agent

Name

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

2231 NE 192nd St.

City

N. Miami Beach

FL

Zip Code

33180

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Caroline Guerlain - De Reymaeker	
STREET ADDRESS	2231 NE 192nd St.	
CITY-ST-ZIP	N. Miami Beach, FL 33180	
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gui L.P. Govaert	
STREET ADDRESS	2231 NE 192nd St.	
CITY-ST-ZIP	N. Miami Beach, FL 33180	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Olivier Lapidus	
STREET ADDRESS	2231 NE 192nd St.	
CITY-ST-ZIP	N. Miami Beach, FL 33180	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Guido Mantura	
STREET ADDRESS	2231 NE 192nd St.	
CITY-ST-ZIP	N. Miami Beach, FL 33180	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/01 305-932-4263

Daytime Phone #

CR2E034 (10/00)