

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
 05-04-2001 90021 026 ***150.00

DOCUMENT # P00000026800

1. Entity Name
BETTY J. COUILLARD, INC.

Principal Place of Business

6831 WEST 16TH DR.
 HIALEAH FL 33014

Mailing Address

6831 WEST 16TH DR.
 HIALEAH FL 33014

2. Principal Place of Business

1490 W. 49 PL #592

Suite, Apt. #, etc.

3. Mailing Address

9841 NW 4 St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hialeah, FL

Zip

33012

Country

Miami Dade

City & State

Pembroke Pines, FL

Zip

33024

Country

Broward

4. FEI Number

65-0990462

Applied For

Not Applicable

5. Certificate of Status Desired

NY \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COUILLARD, BETTY J MS.
 6831 WEST 16TH DR.
 HIALEAH FL 33014**

7. Name and Address of New Registered Agent

Name **Ms. Betty J. Couillard**

Street Address (P.O. Box Number is Not Acceptable)
9841 NW 4 St.

City **Pembroke Pines** FL Zip Code **33024**

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 **Betty J. Couillard**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/01

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 **President/Director** ☐ Delete
 NAME **Betty J. Couillard**
 STREET ADDRESS **9841 NW 4 St**
 CITY-ST-ZIP **Pembroke Pines, FL 33024**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: **Betty J. Couillard**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 305-231-4681

Date

Daytime Phone #

CR2E034 (10/00)