

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90063 046 ***550.00

DOCUMENT # P00000029664**1. Entity Name**
FRENCH FINANCIAL GROUP, INC.**Principal Place of Business****1900 NE 59 COURT**
FT. LAUDERDALE FL 33308**Mailing Address****1900 NE 59 COURT**
FT. LAUDERDALE FL 33308**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0992502**Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****FRENCH, RICHARD T**
1900 NE 59 COURT
FT. LAUDERDALE FL 33308**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. I am familiar with, and accept the obligations of registered agent.**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 \$550.00**
After September 13, 2002 Fee will be \$750.00
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** **P** ☐ Delete
NAME **FRENCH, RICHARD T**
STREET ADDRESS **1900 NE 59 COURT**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308****TITLE** **VPD** ☐ Delete
NAME **FRENCH, JOANNE L**
STREET ADDRESS **1900 NE 59 COURT**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308****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** ☐ 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 _____**TITLE** ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____**TITLE** ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

CR2E034 (4/02)

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

Daytime Phone #

RICHARD FRENCH 9/7/02 954-938-2120