

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90006 030 ***150.00

DOCUMENT # P00000029736

1. Entity Name
AZERTY COMPONENTS, INC.

Principal Place of Business
3601 SWANN AVE. #206
TAMPA FL 33609

Mailing Address
3601 SWANN AVE. #206
TAMPA FL 33609



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3649306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, FERNANDO III
101 E. KENNEDY BLVD.
TAMPA FL 33602

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

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	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHEL BEAUFILS	
STREET ADDRESS	8, Rue du Front Populaire	
CITY-ST-ZIP	91130 Ris-orangis France	
TITLE	V/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILIPPE MOINEAU	
STREET ADDRESS	8, Rue du Front Populaire	
CITY-ST-ZIP	91130 Ris-orangis France	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEBASTIEN JADOT	
STREET ADDRESS	3601 Swann Ave. #206	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEAN-CLAUDE JADOT	
STREET ADDRESS	Place 38	
CITY-ST-ZIP	Petit-Enghien BL &-785 Belgium	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEAN MICHEL COLIN	
STREET ADDRESS	8, Rue du Front Populaire	
CITY-ST-ZIP	91130 Ris-orangis France	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUNO COUSOT	
STREET ADDRESS	8, Rue du Front Populaire	
CITY-ST-ZIP	91330 Ris-orangis France	

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.

Sebastien Jadot

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date:

813-872-0203

Daytime Phone #

CR2E034 (10/00)