

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

2001 UNIFORM BUSINESS REPORT (UBR)

04-04-2001 90122 002 ***150.00

A0042698

DOCUMENT # P00000034401			
1. Entity Name PIERRE DEHAYE, INC.			
Principal Place of Business 509 SW 8TH STREET FORT LAUDERDALE, FL 33315		Mailing Address 509 SW 8TH STREET FORT LAUDERDALE, FL 33315	
2. Principal Place of Business 509 SW 8TH STREET		3. Mailing Address 509 SW 8TH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL	
4. FEI Number 65-0996951		Applied For Not Applicable	
Zip 33315	Country USA	Zip 33315	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIERRE DEHAYE 509 SW 8TH STREET FORT LAUDERDALE, FL 33315		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) <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/T/S/D PIERRE DEHAYE 509 SW 8TH STREET FT. LAUDERDALE, FL 33315 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:		PRESIDENT/DIRECTOR	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 03/26/2001 954 768-0758 Daytime Phone #	

CR2E034 (1/00)