

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90031 023 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000034401
 1. Entity Name
PIERRE DEHAYE, INC.

Principal Place of Business 509 SW 8TH ST FORT LAUDERDALE FL 33315	Mailing Address 509 SW 8TH ST FORT LAUDERDALE FL 33315
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2. Principal Place of Business 1535 SE 15TH STREET Suite, Apt. #, etc. # 302	3. Mailing Address 1535 SE 15TH STREET Suite, Apt. #, etc. # 302
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City & State FORT LAUDERDALE FL	City & State FORT LAUDERDALE FL	4. FEI Number 65-0996951	Applied For <input type="checkbox"/> Not Applicable
Zip 33316	Country USA	Zip 33316	Country USA

6. Name and Address of Current Registered Agent
DEHAYE, PIERRE
1101 SW 16TH AVENUE APT 4
FT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent
 Name **DEHAYE, PIERRE**
 Street Address (P.O. Box Number is Not Acceptable)
1535 SE 15TH STREET
302
 City **FORT LAUDERDALE FL** Zip Code **33316**

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 DATE _____
Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 D	<input checked="" type="checkbox"/> Delete
NAME DEHAYE, PIERRE	
STREET ADDRESS 1101 SW 16TH AVENUE APT 4	
CITY-ST-ZIP FT LAUDERDALE FL 33312	
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 DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEHAYE PIERRE	
STREET ADDRESS 1535 SE 15TH STREET #302	
CITY-ST-ZIP FORT LAUDERDALE FL 33316	
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	
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: DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)