FILED

Date

Daytime Phone #

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

May 16, 2003 8:00 am Secretary of State DOCUMENT # P00000034401 05-16-2003 90184 033 ***150.00 1. Entity Name PIERRE DEHAYE, INC. Principal Place of Business Mailing Address 1535 SE 15TH ST 1535 SE 15TH ST #302 #302 FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0996951 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEHAYE, PIERRE Street Address (P.O. Box Number is Not Acceptable) 1535 SE 15TH ST #302 FORT LAUDERDALE FL 33316 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Addition DEHAYE, PIERRE NAME NAME 1535 SE 15TH ST #302 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33316 CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Oelete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information indicated on this report or suppler 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 fental 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmen dress, with all other like empowered

URE REQUIRE

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Affachmen T 90135718

RODRIGUEZ, KINZBRUNNER & CONIGLIO

A Partnership of Professional Associations

4801 SOUTH UNIVERSITY DRIVE, SUITE 3000 DAVIE, FLORIDA 33328

(954)680-6114 FAX (954)680-6135

May 13, 2003

Division of Corporations Uniform Business Report filings 409 E. Gaines Street Tallahassee, FL 32399

RE:

Pierre Dehaye, Inc.

DOC: P00000034401

Dear Sir or Madam:

Accompanying is the 2003 Uniform Business Report (UBR) for Pierre Dehaye, Inc. along with their check in the amount of \$150.00.

The report had not been filed previously because the taxpayer had been out of the country for over two months.

Accordingly, please waive any penalties that may otherwise result.

Sincerely,

Rodriguez, Kinzbrupmer & Coniglio

Miguel J. Rodrigue: Managing Director

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