

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90502 014 ***150.00

DOCUMENT # P00000056502

1. Entity Name

BIARRITZ INTERNATIONAL INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5640 Royal Oak Way

Suite, Apt. #, etc.

3. Mailing Address

5640 Royal Oak Way

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hollywood, FL

Zip

33312

Country

USA

City & State

Hollywood, FL

Zip

33312

Country

USA

4. FEI Number

65-1015082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Leduc, Rejean

Street Address (P.O. Box Number is Not Acceptable)

1001 North Fed. Hwy.

Suite 202

City

Hallandale

FL

Zip Code
33009

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PD Delete
NAME Leduc, Rejean
STREET ADDRESS 1001 North Fed. Hwy. suite
CITY-ST-ZIP Hallandale, FL 33009 202

TITLE PD Add
NAME Stephan J. Renaud
STREET ADDRESS 5640 Royal Oak Way
CITY-ST-ZIP Hollywood, FL 33312

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 (954) 457-9070

Date

Daytime Phone #

CR2E034B (12/01)