

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000070924

1. Entity Name
PROKO - PARIS INTERNATIONAL REAL ESTATE INC

FILED

01 NOV -5 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
9559 HARDING AVENUE
SURFSIDE - FLORIDA - 33154

2. Principal Place of Business 3. Mailing Address
9559 HARDING AVE
Suite, Apt. #, etc.

City & State City & State
SURFSIDE - FL
Zip Country Zip Country
33154 U-SA

DO NOT WRITE IN THIS SPACE
1010310101080004 4560,0
4. FEI Number 65-1031629 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ADAM R. SCHIFFMAN, ESQUIRE
2999 N.E. 191 street, Suite 900
Aventura - FL - 33180

7. Name and Address of New Registered Agent
Name GERARD LAFOSSE-MARIN
Street Address (P.O. Box Number is Not Acceptable)
6540 SW 181 Lane
SOUTH WEST RANCHES
CITY SOUTHWEST RANCHES FL Zip Code 33331

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 GERARD LAFOSSE-MARIN 10-24-01
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 P/D
NAME DIDIER LACROIX #8601
STREET ADDRESS 19555 E. COUNTRY CLUB DR.
CITY-ST-ZIP AVENTURA - FL - 33180

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: 10-24-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)