

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90006 017 ***600.00

DOCUMENT # P00000077993
1. Entity Name
E-PLANET INC. **ENTERTAINMENT PLANET**

Principal Place of Business
8900 NW 7TH AVE.
MIAMI FL 33150

Mailing Address
8900 NW 7TH AVE.
MIAMI FL 33150

2. Principal Place of Business
8900 NW 7 AVE

3. Mailing Address
Same as above

Suite, Apt. #, etc.

City & State
MIAMI FL

Zip
33150

Country
DADE

4. FEI Number
65-103 5341

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

JEAN-GILLES, AUDIEU
8900 NW 7TH AVE.
MIAMI FL 33150

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 _____ **DATE** _____
Signature, typed 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 type="checkbox"/> Delete
NAME	GILLES, ANDIEU JEAN
STREET ADDRESS	8900 NW 7TH AVE.
CITY-ST-ZIP	MIAMI FL 33150
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	STCYR, ALIX
STREET ADDRESS	10959 NW 19TH STREET
CITY-ST-ZIP	CORAL SPRINGS FL 33079
TITLE	D <input type="checkbox"/> Delete
NAME	ST-ULYSSE, JEAN WILLY
STREET ADDRESS	1015 NW 143RD ST.
CITY-ST-ZIP	MIAMI FL 33168
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BIEN-AIME, CLAUDETTE
STREET ADDRESS	10959 NW 19TH ST.
CITY-ST-ZIP	CORAL SPRINGS FL 33079
TITLE	JEFFY MONDESIR <input type="checkbox"/> Delete
NAME	"VICE"
STREET ADDRESS	1408 NW 100 ST
CITY-ST-ZIP	MIAMI FL 33147
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCOIS DASSAS
STREET ADDRESS	16706 NW 2 AVE
CITY-ST-ZIP	MIAMI FL 33167
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOACHIN ELIE
STREET ADDRESS	4160 NW 12 PL
CITY-ST-ZIP	FT. LAUD. 333148
TITLE	<input type="checkbox"/> Change <input checked="" 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:

SIGNATURE REQUIRED **JEAN-GILLES ANDIEU** **9/10/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-696-8403

305-962-1582

CR2E034 (5/01)