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FILED
Aug 20, 2001 8:00 am
Secretary of State
05-31-2001 90004 010 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P00000095300

1. Entity Name

TONDREAU & ASSOCIATES INC.

Principal Place of Business	Mailing Address
9612 N.E. 2nd AVENUE MIAMI SHORES, FLORIDA 33138	

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 9612 NE 2nd Avenue	Suite, Apt. #, etc.: 20201 NE 10th Place
City & State: NONE MIAMI SHORES, FLORIDA	City & State: NONE MIAMI FLORIDA
Zip: 33138 Country: USA	Zip: 33179 Country: USA

4. FEI Number — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL. 33134	Name: LUCIE TONDREAU Street Address (P.O. Box Number is Not Acceptable): 20201 N.E. 10th PLACE City: MIAMI FL Zip Code: 33179

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: Lucie Tondreau (Signature, typed or printed name of registered agent and title if applicable) (NOTE: registered agent signature required when reinstating) DATE: 6/3/01

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, 200 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lucie Tondreau 20201 NE 10th Place Miami, FL 33179 (President)	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: Lucie Tondreau (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 5/22/2001 Daytime Phone #: (305) 758-5711