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Daytime Phone

## 2002 Uniform Business Report (UBR)

SIGNATURE:

## Mar 12, 2002 8:00 am Secretary of State P01000011837 **DOCUMENT #** 1. Entity Name -2002 90971 035 \*\*\*150 00 PARIS BREAD, INC. Principal Place of Business Mailing Address 700 E DANIA BEACH BLVD SUITE 202 700 E DANIA BEACH BLVD SUITE 202 DANIA FL 33004 DANIA FL 33004 2. Principal Place of Business 3. Mailing Address 15282 106 RD 5280 TOG Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SW JE City & State Applied For 4. FEI Number City & State Not Applicable \$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 VIVIES, PATRICK Street Address (P.O. Box Number is Not Acceptable) 700 E DANIA BEACH BLVD SUITE 202 DANIA FL 33004 Zip Code FL 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees N (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Vice - PD CR2E034 (9/01) TITLE Delete TITLE Change Addition MARCHIORO JP Bertrand HECKE, OLIVIER VAN NAME NAME 14401 Hilitary Tr. # Apt A305 FERME DU BOUT DE PRES STREET ADDRESS STREET ADDRESS 78720 CERNAY LA VILLE FRANCE CITY-ST-ZIP CITY-ST-ZIP DELQAY BEACH, Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition T{TLE ☐ Delète NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 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