

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90252 025 ***150.00

DOCUMENT # P01000028289

1. Entity Name
FRANCE DECO TRADING, INC.

Principal Place of Business
2901 SOUTH BAYSHORE DRIVE
UNIT 15B
COCONUT GROVE FL 33133

Mailing Address
2901 SOUTH BAYSHORE DRIVE
UNIT 15B
COCONUT GROVE FL 33133

2. Principal Place of Business

3. Mailing Address

2266 NW 82 Ave
 Suite, Apt. #, etc.

2266 NW 82 Ave
 Suite, Apt. #, etc.

City & State
MIAMI FL.

City & State
MIAMI FL

4. FEI Number
65-1087549

Applied For
Not Applicable

Zip
33122

Country
USA

Zip
33122

Country
USA

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

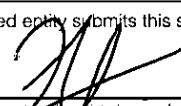
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name **Bruno Zerdoun**
Street Address (P.O. Box Number is Not Acceptable) **2901 So. Bayshore Dr #158**
City **Coconut Grove FL** **Zip Code** **33133**

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ **Delete**
NAME **ZERDOUN, BRUNO**
STREET ADDRESS **2901 SOUTH BAYSHORE DRIVE UNIT 15B**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

Daytime Phone #

CR2E034 (9/01)