FILED
Jul 31, 2002 8:00 am
Secretary of State
07-31-2002 90107 034 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000029372

1. Entity Name
FRENCHY.NET, INC.

Principal Place of Business	Mailing Address
18880 NW 57TH AVE., SUITE 302 MIAMI FL 33015-7053	18880 NW 57TH AVE., SUITE 302 MIAMI FL 33015-7053

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18880 NW 57 Ave #.	
Suite, Apt. # etc. Suite 302	Suite, Apt. # etc.
City & State Miami FL 33015-7053	City & State
Zip FL	Country Zip / Country

4. FEI Number 65-1089469 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEBORGNE, KATHLEEN
18880 NW 57TH AVE., SUITE 302
MIAMI FL 33015-7053

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: K LeBorgne Kathleen LeBorgne April 20, 2002
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 mailing/tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEES $150.00
After May 1, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEBORGNE, DENIS 18880 NW 57TH AVE., SUITE 302. MIAMI FL 33015-7053 ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD LEBORGNE, KATHLEEN 18880 NW 57TH AVE., SUITE 302 MIAMI FL 33015-7053 ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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] April 20, 2002 305 310 1281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #