

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000037770

1. Entity Name

PAINS DE FRANCE, INC.

Principal Place of Business

Mailing Address

8184 N TAMiami TRAIL
SARASOTA FL 34243

8184 N TAMiami TRAIL
SARASOTA FL 34243

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-128823

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIERCE, YANNICK
8184 N TAMiami TRAIL
SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name

FIDRY, PASCAL

Street Address (P.O. Box Number is Not Acceptable)

8184 N. TAMiami TRAIL

City

SARASOTA

FL

Zip Code

34243

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FIDRY, PASCAL	
STREET ADDRESS	8184 N TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PIERCE, YANNICK	
STREET ADDRESS	8184 N TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input 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.

04-21-2002 90887 026 ***150.00

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FILED

02 AUG 27 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FL

DO NOT WRITE IN THIS SPACE

CR2F034 (9/01)