CR2E034 (10/02

FILED

## **2003 FOR PROFIT CORPORATION**

## Mar 06, 2003 8:00 am § **UNIFORM BUSINESS REPORT (UBR Secretary of State** P01000062521 DOCUMENT # 03-06-2003 90096 016 \*\*\*150.00 1. Entity Name CREPERIE SAINT-MALO, INC. Principal Place of Business Mailing Address 13200 SW 128TH STREET #F-2 13200 SW 128TH STREET #F-2 **MIAMI FL 33186 MIAMI FL 33186** Principal Place of Business Mailing Address rome. Au 235 Wor Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Citv & Sta City & State 4. FEI Number Applied For 72-1521224 Not Applicable Country \$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 MARTIN FREDERIC MARTIN, FREDERIC 13200 SW 128TH STREET NORTH **BUILDING F-2 MIAMI FL 33186** CITY HOMESTEAD 8. The above named entity submits this statement for the purpose of changing its registered office or registered abent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition Martin Frederic 1235 NORTH KNOME AVE MARTIN, FREDERIC NAME NAME STREET ADDRESS 13200 SW 128TH STREET #F-2 STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33030 **VD** TITLE Delete TITLE ☐ Change Addition NAME MARTIN. CHRISTINE NAME STREET ADDRESS STREET ADDRESS 13200 SW 128TH STREET #F-2 CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP TITLE Change --- -- Addition VD Defete: CLAISSE FREDERIC NAME NAME CLAISSE, FREDERIC 1235 NORTH KRONE AVE STREET ADDRESS 13200 SW 128TH STREET #F-2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL33030 **MIAMI FL 33186** ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition ☐ Change

12. 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 Change 507 Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: TOEDEREA SIGNATURE AND TYPED OR PRINTED NAME OF SK

NAME

STREET ADDRESS

CITY-ST-ZIP