7/21/2002-90013-0

FILED
Aug 08, 2002 8:00 am
Secretary of State
07-21-2002 90013 028 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000065884

1. Entity Name

French Design, Inc.

DO NOT WRITE IN THIS SPACE

[redacted] - 41032

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2. Principal Place of Business	3. Mailing Address
19100 N. Bay Road	700 E. Dania Beach Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 202
City & State Miami Beach, Fl.	City & State Dania, Fl
Zip 33160 Country	Zip 33004 Country

4. FEI Number 65-1118017 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Patrick Vivies

Street Address (P.O. Box Number is Not Acceptable): 700 E. Dania Beach Blvd #20

City: Dania FL Zip Code: 33004

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: _____ 7/15/02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Pres.	TITLE	
NAME	Eric Tezian	NAME	
STREET ADDRESS	19100 N. Bay Road	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33160	CITY-ST-ZIP	
TITLE	Vp	TITLE	
NAME	Alain Terzian	NAME	
STREET ADDRESS	19100 N. Bay Road	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33160	CITY-ST-ZIP	
TITLE	Sec.	TITLE	
NAME	David Hugon	NAME	
STREET ADDRESS	19100 N. Bay Road	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33160	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR Date Daytime Phone #