

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

04-11-2002 90062 007 ***150.00

DOCUMENT # P01000074429

1. Entity Name
WATCHWORD CORP.

Principal Place of Business
**1001 N FEDERAL HWY STE 202
HALLANDALE FL 33009**

Mailing Address
**1001 N FEDERAL HWY STE 202
HALLANDALE FL 33009**

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

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEDOC, REJEAN
1001 N FEDERAL HWY STE 202
HALLANDALE FL 33009**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
LE DENTU, JEAN-LOUIS
320 BAIE LONGUE
97150 ST-MARTIN FRENCH W IND** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

MESSAGE CONFIRMATION

MAY-06-2002 09:27 MON

Attachment

FAX NUMBER: 954 457 0089

P01000074429

NAME : USA DIRECT CORP

30948

NAME/NUMBER : 16316873891
PAGE : 001
ELAPSED TIME : 00'42"
MODE : G3 STD ECM
RESULTS : [O.K]

Form **SS-4**
(Rev. February 1998)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)
Keep a copy for your records.

EIN _____
OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
JEAN-LOUIS LE DENTU

2 Trade name of business (if different from name on line 1)
WATCHWORD CORP.

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
1001 NORTH FEDERAL HIGHWAY, SUITE 202

5a Business address (if different from address on lines 4a and 4b)

4b City, State, and ZIP code
HALLANDALE, FL 33009

5b City, State, and ZIP code

6 County and state where principal business is located
BROWARD, FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) | - -
JEAN-LOUIS LE DENTU, SEE FRENCH PASSPORT ATTACHED

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN) | ☐ Estate (SSN of decedent) | ☐ Plan administration (SSN) | ☐ Trust | ☐ Federal government/military

☐ Partnership | ☐ Personal service corp. | ☒ Other corporation | ☐ FL PROFIT

☐ REMIC | ☐ National Guard | ☐ Farmers' cooperative | ☐ Church or church-controlled organization | ☐ Other nonprofit organization (specify) | (enter GEN if applicable)

☐ Other (specify) |

8b If a corporation, name the state or foreign country (if applicable) where incorporated | State | Foreign country
FLORIDA

9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify) | ☐ Banking purpose (specify purpose) | ☐ Changed type of organization (specify new type) | ☐ Purchase going business | ☐ Created a trust (specify type) | ☐ Other (specify) |

PROPERTY MANAGEMENT

☐ Hired employees (Check the box and see line 12.) | ☐ Created a pension plan (specify type) |

10 Date business started or acquired (month, day, year) (see instructions)
July 30, 2002

11 Closing month of accounting year (see instructions)
8/31/2002

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter 0. (see instructions)

Nonagricultural | Agricultural | Household

0 | 0 | 0

14 Principal activity (see instructions) | ☒ PROPERTY MANAGEMENT

15 Is the principal business activity manufacturing?
If "Yes," principal product and raw material used | ☐ Yes | ☒ No

16 To whom are most of the products or services sold? Please check one box
☒ Public (retail) | ☐ Business (wholesale) | ☐ N/A

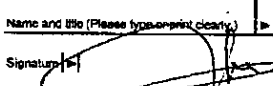
17a Has the applicant ever applied for an employer identification number for this or any other business? | ☐ Yes | ☒ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name | Trade name |

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN |
July 30, 2001 | TALLAHASSEE, FLORIDA | -

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct and complete.

Name and title (Please type or print clearly) | JEAN-LOUIS LE DENTU, PRESIDENT | Business telephone number (include area code) | (954) 457-9070 |
Fax telephone number (include area code) | (954) 457-0089 |

Signature |  | Date | 04/03/02 |

Note: Do not write below this line. For official use only.

Please leave blank | Ind. | Class | Size | Reason for applying

For Paperwork Reduction Act Notice, see page 4. | Cat. No. 16055N | Form **SS-4** (Rev. 2-98)