

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90040 007 ***150.00

DOCUMENT # P01000097497

1. Entity Name
COTE SUD BISTRO, INC.

Principal Place of Business
9155 S DADELAND BLVD STE 1412
MIAMI FL 33156

Mailing Address
9155 S DADELAND BLVD STE 1412
MIAMI FL 33156

2. Principal Place of Business
90 Edgewater, DR.
Suite, Apt. #, etc.
701

3. Mailing Address
90 EDGEWATER, DR.
Suite, Apt. #, etc.
701

City & State
CORAL GABLES, FL
Zip
33133
Country
USA

City & State
CORAL GABLES, FL
Zip
33133
Country
USA

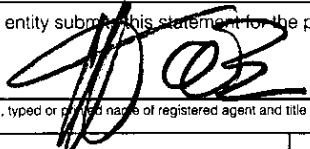
4. ERI Number
F42#1529337
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SIEGMEISTER, RICHARD
2701 S BAYSHORE DR STE 602
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent
OLIVIER FLAMANT
Street Address (P.O. Box Number is Not Acceptable)
90 EDGEWATER DR. #701
City
CORAL GABLES FL
Zip Code
33133

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  **2/6/02**
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) ☐

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D FLAMANT, OLIVIER 9155 S DADELAND BLVD STE 1412 MIAMI FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 others are empowered.

SIGNATURE:  **SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

2/6/02 (305) 665-2241
Date Daytime Phone #

02/26/02 AV

CR2E034 (9/01)