

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91523 032 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000108357

1. Entity Name
CETOUTE & VOLMY INVESTMENT INC.



Principal Place of Business
999 NE 167 STREET #512
NORTH MIAMI BEACH, FL 33162

Mailing Address
999 NE 167 STREET #512
NORTH MIAMI BEACH, FL 33162

10090374



☐ CHECK HERE IF MAKING CHANGES

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

37-1445125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VOLMY, PRENOS
999 NE 167 STREET #512
NORTH MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Prenos Volmy

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CETOUTE, PHILEMON
STREET ADDRESS 999 NE 167 STREET #512
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

TITLE VD ☐ Delete
NAME VOLMY, PRENOS
STREET ADDRESS 999 NE 167 STREET #512
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~ROCKA CETOUTE~~ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Haiti (Agent) representative ☐ Change ☒ Addition
NAME Mrs. Gerard Joseph
STREET ADDRESS Rue Benito Silvan Van chalet Port-De-Paix
CITY-ST-ZIP Haiti

TITLE Port-Au-Prince Agent ☐ Change ☒ Addition
NAME huke cetoute
STREET ADDRESS Port-Au-Prince Haiti
CITY-ST-ZIP Haiti

TITLE Port-De-Paix Agent ☐ Change ☒ Addition
NAME Duckeme volmy
STREET ADDRESS Port-De-Paix Haiti
CITY-ST-ZIP

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Prenos Volmy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03 305-654-7719

Date

Daytime Phone #

CR2E034 (10/02)

De-Paix