

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P18969

1. Entity Name

YOO-HOO OF LOUISIANA CORPORATION

Principal Place of Business

Mailing Address

600 COMMERCIAL AVE
CARLSTADT NJ 07072

600 COMMERCIAL AVE
CARLSTADT NJ 07072-2602

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

22-2604973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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 M ☐ Delete
NAME O'BYNNE, BRIAN
STREET ADDRESS 156 EAST 46TH STREET
CITY-ST-ZIP NEW YORK NY

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

TITLE D ☐ Delete
NAME RICARD, PATRICK
STREET ADDRESS 142 BLVD., HOUSEMANN
CITY-ST-ZIP PARIS FR

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

TITLE CD ☐ Delete
NAME JACQUILIAT, THIERRY E
STREET ADDRESS 142 BOULEVARD HOUSMANN
CITY-ST-ZIP PARIS, FRANCE

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

TITLE D ☐ Delete
NAME BORD, MICHAEL
STREET ADDRESS 156 EAST 46TH STREET
CITY-ST-ZIP NEW YORK NY

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

TITLE S ☐ Delete
NAME LALLA, THOMAS R. J
STREET ADDRESS 156 E. 46TH ST.
CITY-ST-ZIP NEW YORK NY

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

TITLE T ☒ Delete
NAME NEUYEN, VINCENT
STREET ADDRESS 156 E. 46TH ST.
CITY-ST-ZIP NEW YORK NY

TITLE ☐ Change ☒ Addition
NAME ASS'T TREASURER
STREET ADDRESS PETER BARBARO
CITY-ST-ZIP 156 EAST 46TH ST.
NEW YORK, NY 10017

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90006 027 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)