

FILED
Feb 28, 2001 8:00 am
Secretary of State
02-28-2001 90018 033 ***150.00

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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

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 <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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.

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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M O'BYNNE, BRIAN 156 EAST 46TH STREET NEW YORK NY	<input type="checkbox"/>	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICARD, PATRICK 142 BLVD., HOUSEMANN PARIS FR	<input type="checkbox"/>	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JACQUILIAT, THIERRY E 142 BOULEVARD HOUSMANN PARIS, FRANCE	<input type="checkbox"/>	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORD, MICHAEL 156 EAST 46TH STREET NEW YORK NY	<input type="checkbox"/>	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LALLA, THOMAS R. J 156 E. 46TH ST. NEW YORK NY	<input type="checkbox"/>	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT TESER, BARBARA 156 EAS 46TH ST NEW YORK NY	<input checked="" 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
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 checked="" 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 other like empowered.

SIGNATURE:

Peter Bubar PETER T
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

CR2E034 (10/00)