

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33104

1. Entity Name

J. MULLER INTERNATIONAL USA - CORPORATION

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90057 001 ***150.00

03-13-2000 90057 002 *****8.75

Principal Place of Business	Mailing Address
1424 PIEDMONT DRIVE EAST #100 TALLAHASSEE FL 32312-2942	1424 PIEDMONT DRIVE EAST #100 TALLAHASSEE FL 32312-2942 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	33-0337209	Applied For
		Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$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	D <input type="checkbox"/> Delete	TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESCAUT, PIERRE	NAME	Pierre Lescaut
STREET ADDRESS	250 PARK AVENUE SOUTH	STREET ADDRESS	250 Park Avenue South
CITY-ST-ZIP	NEW YORK NY 10003	CITY-ST-ZIP	New York NY 10003
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DINIS, ANTONIO	NAME	Linda Hazelton
STREET ADDRESS	250 PARK AVENUE SOUTH	STREET ADDRESS	250 Park Ave South
CITY-ST-ZIP	NEW YORK NY 10003	CITY-ST-ZIP	New York, NY 10003
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLIET, HENRI	NAME	11 ave du Centre
STREET ADDRESS	250 PARK AVENUE SOUTH	STREET ADDRESS	St Quentin en Yvelines, France
CITY-ST-ZIP	NEW YORK NY 10003	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLER, JEAN	NAME	11 ave du Centre
STREET ADDRESS	250 PARK AVENUE SOUTH	STREET ADDRESS	St Quentin en Yvelines, France
CITY-ST-ZIP	NEW YORK NY 10003	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCAIS, BERTRAND	NAME	Leonard Hope
STREET ADDRESS	250 PARK AVENUE SOUTH	STREET ADDRESS	250 Park Avenue South
CITY-ST-ZIP	NEW YORK NY 10003	CITY-ST-ZIP	New York NY 10003
TITLE	CEO <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESCAUT, PIERRE	NAME	Daniel Tassin
STREET ADDRESS	250 PARK AVENUE SOUTH	STREET ADDRESS	9444 Balboa Ave, Suite 200
CITY-ST-ZIP	NEW YORK NY 10003	CITY-ST-ZIP	San Diego, CA 92123

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:	<i>Linda Hazelton</i>	Date	3-2-00	Daytime Phone #	212 460 9020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/99)