

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**  
 04-27-2001 90352 035 \*\*\*150.00

03/01/2001

DOCUMENT # P93000006360

1. Entity Name

THE ULTIMATE INTERNATIONAL PRODUCTS CO.

Principal Place of Business

4362 NORTHLAKE BLVD.  
 SUITE #213  
 PALM BEACH GARDENS FL 33410  
 US

Mailing Address

4362 NORTHLAKE BLVD.  
 #213  
 PALM BEACH GARDENS FL 33410  
 US

2. Principal Place of Business

7960 Central Industrial DR.  
 Suite, Apt. #, etc.  
 125

3. Mailing Address

Same

City & State

Riviera Beach

City & State

Zip Country

FL 33404 USA

4. FEI Number

65-0383576

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAJEUNESSE, YVES  
 8256 WOODSMUIR DR  
 WEST PALM BEACH FL 33412

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 DP  
 NAME LAJEUNESSE, YVES  
 STREET ADDRESS 8256 WOODSMUIR DR  
 CITY-ST-ZIP WEST PALM BEACH FL 33412

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

4/23/01

561-694-6886

CR2E034 (10/00)