

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90014 005 ***150.00

DOCUMENT # P94000035977

1. Entity Name
YVES FINE PAINTINGS & TROMPE L'OEIL, INC.

Principal Place of Business

2790 NW 29 DRIVE
BOCA RATON FL 33434

Mailing Address

2790 NW 29 DRIVE
BOCA RATON FL 33434

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 **65-0485598**

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

~~LANTHIER YVES~~
~~2790 NW 29 DRIVE~~
~~BOCA RATON FL 33434~~

ADDRESS CHANGE

Name **YVES LANTHIER**
 Street Address (P.O. Box Number is Not Acceptable) **2841 TIMBERCREEK CIR NW**
 City **BOCA RATON FL** Zip Code **33431**

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 _____ (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LANTHIER, YVES**
STREET ADDRESS **2790 CLUB VILLA TERRACE**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☒ Change ☐ Addition
NAME **LANTHIER YVES**
STREET ADDRESS **2841 TIMBERCREEK CIR NW**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

Date

Daytime Phone #

Feb 22, 02

CR2E034 (9/01)

Attachment

P94000835977
001596

PLEASE
MAKE A
NOTE OF
CHANGE OF
ADDRESS.