

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90069 037 \*\*\*150.00

DOCUMENT # **794000078746**

1. Entity Name  
**SOCKEL-MAYNARD ASSOCIATES, INC**  
**ATTENTION PIERRE SERGE MAYNARD**  
**8799 HOLLY CT #204 TAMARAC, FL 33321**

Principal Place of Business  
**SAME AS ABOVE**

2. Principal Place of Business  
**8799 HOLLY CT**

Suite, Apt. #, etc.  
**# 204**

City & State  
**TAMARAC, FL**

Zip  
**33321**

Country  
**FLORIDA**

3. Mailing Address  
**P.O. BOX 39178**

Suite, Apt. #, etc.

City & State  
**FT LAUDERDALE FL**

Zip  
**33339**

Country  
**BROWARD**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0557097**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**PIERRE SERGE MAYNARD**  
**8799 HOLLY CT. #204**  
**TAMARAC, FL 33321**

7. Name and Address of New Registered Agent  
**N/A**

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 **Pierre Serge Maynard** **SEC-TREAS PIERRE SERGE MAYNARD** **05/01/01**  
Signature, typed or printed name of registered agent and filer, as applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☒ **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  
**PRESIDENT**

NAME  
**RICHARD SOCKEL**

STREET ADDRESS  
**7625 NW 79th AVE #101**

CITY-ST-ZIP  
**TAMARAC, FL 33321**

TITLE  
**VICE PRES. SEC. TREAS.**

NAME  
**PIERRE SERGE MAYNARD**

STREET ADDRESS  
**8799 HOLLY CT #204**

CITY-ST-ZIP  
**TAMARAC, FL 33321**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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: **Pierre Serge Maynard** **04/10/01** **954-561-2551**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/100)