2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am Secretary of State DOCUMENT # P95000001118 1. Entity Name 04-16-2002 90062 040 ***150 00 GAETAN ROY, P.A. Principal Place of Business Mailing Address 4500 NW 47TH ST 4500 NW 47TH ST TAMARAC FL 33319 TAMARAC FL 33319 US 3. Mailing Address 283/Some Principal Place of Business SOMERSET PRIVE DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0544981 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROY, GAETAN L. Box Number is Not Acceptable) MERSET DRIVE, SUITE 214 4500 NW 47TH ST TAMARAC FL 33319 8. The above named entity ubmits this statement for the purpose of changing its registered office or re-7 SIGNATURE tle if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Delete TITLE TITLE PSTD NAME NAME ROY, GAETAN L 72831 Some REGET DRIVE #244 THUBE REGIE TAKES FL 33311 4500 NW 47TH 88 -245 STREET ADDRESS CITY-ST-ZIP FAMARAC-PL CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

Addition