

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90109 049 ***150.00

0104416

DOCUMENT # P95000009198

1. Entity Name

FRENCH COOKING, INC.

Principal Place of Business

**FRENCH COOKING OFFICE
 1010 SOUTH 20TH AVENUE
 HOLLYWOOD FL 33020**

Mailing Address

**FRENCH COOKING OFFICE
 1010 SOUTH 20TH AVENUE
 HOLLYWOOD FL 33020**

2. Principal Place of Business

2464 MADISON ST

Suite, Apt. #, etc.

3. Mailing Address

2464 MADISON ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

4. FEI Number

65-0560479

☒ Applied For

☐ Not Applicable

Zip

33020

Country

U.S.A.

Zip

33020

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOUCHET, REGIS
 1010 S. 20TH AVE.
 HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name

LOUCHET, REGIS

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

2464 MADISON ST

City

HOLLYWOOD

FL

Zip Code

33020

8. The above named entry 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

REGIS LOUCHET 4/23/01

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 **PD** ☐ Delete
 NAME **LOUCHET, REGIS**
 STREET ADDRESS **1010 S. 20TH AVE.**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **SV** ☐ Delete
 NAME **LOUCHET, SYLVIE**
 STREET ADDRESS **1010 S. 20TH AVE.**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SYLVIE LOUCHET

Date

4/23/01

Daytime Phone #

984 927-8340

CR2E034 (10/00)