

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000019123

1. Entity Name

JEAN-PIERRE FARGEON, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90012 023 \*\*\*150.00

Principal Place of Business

10205 COLLINS AVE.  
SUITE 808  
BAL HARBOUR FL 33154

Mailing Address

1140 KANE CONCOURSE 5TH FLOOR  
BAY HARBOR ISLANDS FL 33154-2045  
US

2. Principal Place of Business

3. Mailing Address

2455 Hollywood Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

210

City & State

City & State  
Hollywood FL

4. FEI Number

65-0577844

Applied For

Not Applicable

Zip

Country

Zip

Country

33020

USA

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

SILVERS, ROBERT H  
1140 KANE CONCOURSE 5TH FLOOR  
BAY HARBOR ISLANDS FL 33154

Name

John-Pierre Fargeon

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

2455 Hollywood Blvd

Suite 210

City

Hollywood

FL

Zip Code

33020

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 of registered agent or title if applicable

John-Pierre Fargeon - Pres.

4/13/00

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FARGEON, JEAN-PIERRE 10205 COLLINS AVE. #808 BAL HARBOUR FL 33154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

John-Pierre Fargeon

Date

Daytime Phone #

4/13/00

954-453-1119

CR2E034 (9/99)