2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P95000076279** May 26, 2000 8:00 am Secretary of State CHIROUSSOT-CHAMBEAUX & ASSOCIATES, INC. 05-26-2000 90101 013 ***150.00 Principal Place of Business Mailing Address 792 RIDGEWOOD RD. 792 RIDGEWOOD RD. KEY BISCAYNE FL 33149-2424 KEY BISCAYNE FL 33149 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0611028 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHIROUSSOT-CHAMBEAUX PHILIPPE Street Address (P.O. Box Number is Not Acceptable) 792 RIDGEWOOD RD. **KEY BISCAYNE FL 33149** Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE CHIROUSSOT-CHAMBEAUX, PHILIPPE NAME NAME STREET ADDRESS 792 RIDGEWOOD ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** Change ☐ Addition TITLE ☐ Delete TITLE ZICHY-THYSSEN, ISABEL NAME NAME STREET ADDRESS 792 RIDGEWOOD ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** ☐ Change ☐ Addition ☐ Delete TITLE CHIROUSSOT-CHAMBEAUX, DANIEL-ÑAME NAME STREET ADDRESS STREET ADDRESS 792 RIDGEWOOD ROAD CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 jeport is true and acculate 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 of true ee empower of 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, within other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

04/25/00 (305) 361-5112