

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/

FILED

May 17, 2001 8:00 am  
Secretary of State

04-16-2001 90481 023 \*\*\*150.00

DOCUMENT # P95000081530

1. Entity Name

CLAIR SOLEIL, INC.

Principal Place of Business

Mailing Address

160 BONAVENTURE Blvd  
#208  
WESTON, FL 33326 US.

318 INDIAN TRACE  
#441  
WESTON, FL 33326 US.

2. Principal Place of Business

1902 NW 2nd Ave.

3. Mailing Address

P.O. Box 811015

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A0049378

44135

DO NOT WRITE IN THIS SPACE

City & State

Delray Beach, FL

City & State

BOCA RATON, FL

4. FEI Number

65-0627970

Applied For

Not Applicable

Zip

Country

33444

USA

Zip

Country

33481-1015

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

TROUPIN, PASCALE

1902 NW 2nd Ave.

DELRAY BEACH, FL 33444

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(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!!! FEES: \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
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☐ Change ☐ 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:

P. Troupin

04/09/01 (954) 929 0181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)