

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000089700

1. Entity Name

560 Washington Beach Corp.

FILED

00 JUN 16 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1500 Bay Road
Apt # 432
Miami Beach, FL 33139

2. Principal Place of Business

1500 Bay Road

3. Mailing Address

Suite, Apt. #, etc.

Apt # 432

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Zip

33139

Country

Zip

Country

4. FEI Number

65-0625833

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

Louis L. LaFontisee, Jr.
3121 Commodore Plaza
Suite 301
Miami, FL 33133

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!!! 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	DPST	<input type="checkbox"/> Delete
NAME	Jacqueline Aiguire	
STREET ADDRESS	21 RUE EDWARD DALMAS	
CITY-ST-ZIP	NICE, FRANCE 06100	<input type="checkbox"/> Delete
TITLE	VP	
NAME	Pierre Aiguire	
STREET ADDRESS	1500 Bay Road, APT 432	
CITY-ST-ZIP	Miami Beach, FL 33139	<input type="checkbox"/> Delete
TITLE	VP	
NAME	Eliane Donati	
STREET ADDRESS	1022 N. Spaulding	
CITY-ST-ZIP	West Hollywood, CA	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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

6/14/00 (305) 532-5298

Date

Daytime Phone #

PIERRE AIGUIRE

CR2E034 (9/99)