

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004714

1. Entity Name

THE FRENCH PAGES, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90109 023 ***150.00

Principal Place of Business

Mailing Address

1521 ALTON RD
SUITE 303
MIAMI BCH FL 33139

1521 ALTON RD
SUITE 303
MIAMI BCH FL 33139

2. Principal Place of Business

3. Mailing Address

285 Sunrise Drive

285 Sunrise Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#21

#21

City & State

City & State

Key Biscayne, FL

Key - Biscayne, FL

Zip

Country

Zip

Country

33149

USA

33149

USA

4. FEI Number

65-0634917

Applied For

Not Applicable

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

PATRICK SCHELL
1521 ALTON RD
SUITE 303
MIAMI BCH FL 33139

Name PATRICK SCHELL

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

285 Sunrise Dr. #21

City

Key - Biscayne

FL

Zip Code

33149

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)

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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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SCHELL, PATRICK G
STREET ADDRESS 285 SUNRISE DR #21
CITY-ST-ZIP KEY BISCAVNE FL 33149

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 reports 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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PATRICK G SCHELL

CR2E034 (10/00)

0170455