2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91189 023 ***150.00

[redacted]

DOCUMENT # P96000011385

1. Entity Name
ILE DE FRANCE MANAGEMENT CONSULTANTS, INC.

Principal Place of Business — Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3025 N. OCEAN BLVD.		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc. AS PART	
City & State: FT. LAUDERDALE FL		City & State: 2 -	
Zip: 33308	Country: U.S.	Zip:	Country:

4. FEI Number: 65-0649186 ☐ 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
Name: MARIE C. LECADET
Street Address (P.O. Box Number is Not Acceptable): 3025 N. OCEAN BLVD
City: FT. LAUDERDALE FL Zip Code: 33308

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: MLecadet
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, 2002 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: VP NAME: DELPHINE BROGNAUX STREET ADDRESS: 3025 N. OCEAN BLVD CITY-ST-ZIP: FT. LAUDERDALE, FL 33308	☐ Delete	TITLE: P.T.D. NAME: MARIE LECADET STREET ADDRESS: 3025 N. OCEAN BLVD CITY-ST-ZIP: FT. LAUDERDALE, FL 33308	☐ Change ☑ Addition
TITLE: NAME: SOPHIE BROGNAUX STREET ADDRESS: 3025 N. OCEAN BLVD CITY-ST-ZIP: FT. LAUD. FL 33308	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: Sec. NAME: MARIE BROGNAUX STREET ADDRESS: 3025 N. OCEAN BLVD CITY-ST-ZIP: FT. LAUD FL 33308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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.

(954)561-8862

SIGNATURE: MLecadet — MARIE LECADET — 4/30/02 — President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)