

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P96000022654**

1. Entity Name

AUBERGISTE INC.**FILED**
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90406 001 ***150.00

| | |
|---|--|
| Principal Place of Business 2801 TERRAMAR ST SUITE 109 FT. LAUDERDALE BEACH FL 33304 US | Mailing Address 2801 TERRAMAR ST SUITE 109 FT. LAUDERDALE BEACH FL 33304-4010 US |
|---|--|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 65-0722543 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|---|
| 6. Name and Address of Current Registered Agent POIRIER, ROBERT A. 2801 TERRAMAR ST. FT. LAUDERDALE FL 33304 | 7. Name and Address of New Registered Agent 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 _____ (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) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| | |
|--|--|
| 11. OFFICERS AND DIRECTORS | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE C <input type="checkbox"/> Delete NAME POIRIER, ROBERT A STREET ADDRESS 21625 SUTTERS LANE CITY-ST-ZIP BOCA RATON FL 33428 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE PCEO <input type="checkbox"/> Delete NAME POIRIER, ROBERT C STREET ADDRESS 21625 SUTTERS LANE CITY-ST-ZIP BOCA RATON FL 33428 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE VP <input type="checkbox"/> Delete NAME POIRIER, ERIC Y STREET ADDRESS 124 E. ST. CLOUD CITY-ST-ZIP BOCA RATON FL | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 123 SEA ISLAND TER. CITY-ST-ZIP BOCA RATON, FL |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 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 STREET ADDRESS CITY-ST-ZIP |

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: *Robert A. Poirier* april 19/00 (994) 564-5614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)