

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

0318068 AV

DOCUMENT # P96000040173

1. Entity Name

ST. PIERRE AUCTIONS, INC.

01-23-2002 90023 046 ***150.00

Principal Place of Business

**2281 S.W. 51ST COURT
 FORT LAUDERDALE FL 33312**

Mailing Address

**2281 S.W. 51ST COURT
 FORT LAUDERDALE FL 33312**

2. Principal Place of Business

3. Mailing Address

2270 SW 51 CT.

2270 SW 51 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL.

City & State

FT. LAUDERDALE, FL.

4. FEI Number

65-0671542

Applied For

Not Applicable

Zip

33312 -

Country

BROWARD

Zip

33312

Country

BROWARD

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

**CASTORO, FRANCIS X ESQ
 LAW OFFICES OF FRANCIS X. CASTORO, P.A.
 2100 HOLLYWOOD BOULEVARD
 HOLLYWOOD FL 33020**

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!!! 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 **D** ☐ Delete
 NAME **BOISVERT, GILLES**
 STREET ADDRESS **2281 S.W. 51ST COURT**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **D** ☒ Change ☐ Addition
 NAME **BOISVERT GILLES**
 STREET ADDRESS **2270 SW 51 CT.**
 CITY-ST-ZIP **FT. LAUDERDALE, FL. 33312**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/02
 Date

954-963-7117
 Daytime Phone #

CR2E034 (9/01)