

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 09, 2004 8:00 am
Secretary of State

01-13-2004 90013 032 ***150.00

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DOCUMENT # **P96000040173**

1. Entity Name

St. Pierre Auctions Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2270 Sw 51 ct.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft Lauderdale FL

City & State

4. FEI Number

65-0671542

Applied For

Not Applicable

Zip

33312 Broward

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

FRANK CASTRO

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

2100 HOLLYWOOD BLVD

City

HOLLYWOOD

FL

Zip Code

33020

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**Boisvert Gilles
2270 Sw 51 ct
Ft Lauderdale FL 33312**

TITLE
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CITY- ST- ZIP

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CITY- ST- ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 8 / 2004 **954** **963-7117**

DATE

Daytime Phone