

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90163 016 ***150.00

DOCUMENT # P96000095392

1. Entity Name

L'ATELIER DE PROVENCE, INC.

Principal Place of Business

Mailing Address

**3315 SOUTH DIXIE HWY
 WEST PALM BEACH FL 33405**

**3315 SOUTH DIXIE HWY
 WEST PALM BEACH FL 33405-1969**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0778351

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOULARD, PATRICE
 3315 SOUTH DIXIE HWY
 WEST PALM BEACH FL 33405**

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOULARD, PATRICE	NAME	SOULARD, PATRICE
STREET ADDRESS	10567 ACME RD.	STREET ADDRESS	222 31ST STREET
CITY-ST-ZIP	WEST PALM BEACH FL 33414	CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	D <input type="checkbox"/> Delete	TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALETTE, MURIEL	NAME	VALETTE, MURIEL
STREET ADDRESS	10567 ACME RD.	STREET ADDRESS	222 31ST STREET
CITY-ST-ZIP	WEST PALM BEACH FL 33414	CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORDELEAU, KATHLEEN	NAME	
STREET ADDRESS	3330 PINE HILL TRAIL	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2000

Date

561-8334-747

Daytime Phone #

CR2E034 (9/99)