2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P97000004404** Mar 28, 2000 8:00 am **Secretary of State** ETIENNE INTERNATIONAL, INC. 03-28-2000 90071 026 ***150.00 Mailing Address Principal Place of Business 2255 GLADES ROAD 2255 GLADES ROAD SUITE 324A SHITE 324A **BOCA RATON FL 33431** BOCA RATON FL 33431-8571 3. Mailing Address 2. Principal Place of Business 941 Clint MOORE ROAD 941 CLINT MOORE ROAD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt #, etc. Applied For City & State 4. FEI Number City & State 65-0722891 BOCA RATOH Not Applicable BOCA RATON Country OSA \$8.75 Additional 5. Certificate of Status Desired 33487 U.SA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STEVEN J. MEGUR MEGUR, STEVEN J Street Address (P.O. Box Number is Not Acceptable 2255 GLADES ROAD CLINT MOORE SUITE 324A **BOCA RATON FL 33431** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE Delete TITLE MEGUR, STEVEN J NAME NAME 941 CLINT MOORE Rd. 2255 GLADES RD, STE 324A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE MEGUR, SUSAN A NAME 941 CLINT MOORE RR STREET ADDRESS 2255 GLADES RD, STE 324A STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP ☐ Addition Delete TITLE" TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1/13/2000

561-999-8989

☐ Change

☐ Addition