

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90056 022 ***150.00

DOCUMENT # P97000032431

1. Entity Name

FLIPP USA CORPORATION

Principal Place of Business

Mailing Address

~~2932 BRICKELL AVE #2611~~
MIAMI FL 33128

9700 COLLINS AVENUE
#105
BAL HARBOUR FL 33154
US

40053879

2. Principal Place of Business

3. Mailing Address

9700 Collins Avenue

Suite, Apt. #, etc.

#105

Suite, Apt. #, etc.

City & State

Bal Harbour, FL

City & State

Zip **33154**

Country **US**

Zip

Country

4. FEI Number **65-0745682**

Applied For

Not Applicable

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

MOYAL, PATRICK
82 N UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

Name

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

202 N. University Drive

City

Pembroke Pines

FL

Zip Code

33024

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, 2001 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	<input type="checkbox"/> Delete
NAME	GOUREAU, PHILIPPE	
STREET ADDRESS	2333 BRICKELL AVE. #2611	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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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 a signature, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/01 **305-868-1658**

Date

Daytime Phone #

CR2E034 (10/00)