

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034310

1. Entity Name

ARTHUR BONNET BOCA RATON, INC.

**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

06-29-2000 90398 032 \*\*\*550.00

Principal Place of Business

Mailing Address

265 SUNRISE AVE  
SUITE 204  
PALM BEACH FL 33480

265 SUNRISE AVE  
SUITE 204  
PALM BEACH FL 33480-3812

2. Principal Place of Business

3. Mailing Address

6200 NORTH FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 101

City & State

City & State

BOCA RATON FLORIDA

Zip

Country

Zip

Country

33487

USA

4. FEI Number

65-0744256

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

MINTMIRE, DONALD F  
265 SUNRISE AVE  
SUITE 204  
PALM BEACH FL 33480

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

TITLE PD ☐ Delete  
NAME GUILLAUME, HERVE  
STREET ADDRESS 53 RUE BOULAINVILLIERS  
CITY-ST-ZIP 75116 PARIS FRANCE

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

TITLE T ☐ Delete  
NAME AUBRY, REGINE  
STREET ADDRESS 16 RUE DE LA SERPENTINE  
CITY-ST-ZIP 44880 SAUTRON FRANCE

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

TITLE SD ☐ Delete  
NAME OLIVIER, PHILIPPE  
STREET ADDRESS 18 QUAI DU HALLERAY  
CITY-ST-ZIP 44300 NANTES FRANCE

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

TITLE D ☐ Delete  
NAME RIVET, JACQUES  
STREET ADDRESS 14 RUE DE LORRAINE  
CITY-ST-ZIP 85000 LA ROCHE SILON FRANCE

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Philippe OLIVIER COMPANY SECRETARY

Date

06/06/00

Daytime Phone

CR:EC034 (9/13)