

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90067 007 ***150.00

DOCUMENT # P97000057851

1. Entity Name

FRANCE MIVILLE INC.

Principal Place of Business

Mailing Address

~~2811 SOMERSET DR~~
~~#C406~~
~~LAUDERDALE LAKES FL 33311~~

~~2811 SOMERSET DR~~
~~#C406~~
~~LAUDERDALE LAKES FL 33311-1908~~

2. Principal Place of Business

3. Mailing Address

2861 SOMERSET DR.
 Suite, Apt. #, etc.
APT F-414

SAME
 Suite, Apt. #, etc.

City & State

City & State

LAUDERDALE LAKES FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

33311

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIVILLE, FRANCE
2811 SOMERSET DR
~~#C406~~
LAUDERDALE LAKES FL 33311

Name **MIVILLE, FRANCE**
 Street Address (P.O. Box Number is Not Acceptable)
2861 SOMERSET DR.
APT. F-414
 City **LAUDERDALE LAKES FL** Zip Code **33311**

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	D <input checked="" type="checkbox"/> Delete
NAME	MIVILLE, FRANCE
STREET ADDRESS	2811 SOMERSET DR., #C406
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311
TITLE	<input type="checkbox"/> Delete
NAME	MIVILLE, FRANCE
STREET ADDRESS	2861 SOMERSET DR F-414
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	MIVILLE, FRANCE, INC. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIVILLE, FRANCE, INC.
STREET ADDRESS	2861 SOMERSET DR F414
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: France Miville
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/00
 Date

Daytime Phone #

CR2E034 (9/99)