

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057851

1. Entity Name

FRANCE MIVILLE INC.

FILED

Mar 28, 2000 8:00 am  
Secretary of State

03-28-2000 90067 007 \*\*\*150.00

Principal Place of Business

2811 SOMERSET DR  
#C406  
LAUDERDALE LAKES FL 33311

Mailing Address

2811 SOMERSET DR  
#C406  
LAUDERDALE LAKES FL 33311-1908

2. Principal Place of Business

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

3. Mailing Address

SAME  
Suite, Apt. #, etc.

City & State

LAUDERDALE LAKES FL

City & State

Zip

33311

Country

USA

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MIVILLE, FRANCE, INC.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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		
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)