

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90034 023 \*\*\*150.00

**DOCUMENT # P97000057851**  
1. Entity Name  
**FRANCE MIVILLE REALTY, INC.**



Principal Place of Business  
**2861 SOMERSET DR  
APT F414  
LAUDERDALE LAKES FL 33311**

Mailing Address  
**2861 SOMERSET DR  
APT F414  
LAUDERDALE LAKES FL 33311**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

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  
2861 SOMERSET DR  
APT F414  
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.*  
*# F-414*  
City *Fort Lauderdale* 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *FRANCE MIVILLE (France Miville) President* DATE *01/04/03*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MIVILLE, FRANCE</b>
STREET ADDRESS	<b>2861 SOMERSET DR F414</b>
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL 33311</b>
TITLE	<i>Fort Lauderdale, FL 33311</i> <input type="checkbox"/> Delete
NAME	<i>I'm sorry I realized afterwards I should not have crossed out here.</i>
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>2861 Somerset Dr</i>
STREET ADDRESS	<i># F 414</i>
CITY-ST-ZIP	<i>Fort Lauderdale, FL 33311</i>
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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *FRANCE MIVILLE (France Miville) President* DATE *01/04/03* 954-717-0487  
Signature and typed or printed name of signing officer or director

CR2E034 (10/02)