2000 UNIFORM BUSINESS REPORT (UBR)

Jun 30, 2000 8:00 am Secretary of State DOCUMENT # **P97000065042** 1. Entity Name THE FRENCH HOUSE GROUP, INC. 06-30-2000 90001 045 ***550.00 Principal Place of Business Mailing Address 2881 NE 32-51 2881 NE 32 ST FT-CAUDERDALE FL 33306-2021 FJ LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address 12 NW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number Applied For City & State City & State 65-0774523 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6 Name and Address of Current Registered Agent Name **VIVIES. PATRICK** Street Address (P.O. Box Number is Not Acceptable) 700 E. DANIA BCH BLVD STE 202 DANIA FL 33004 Zip Code City 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 DATE 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 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PTS TITLE Change ☐ Addition TITLE ☐ Delete **BRUSSAT, ALEXIS** NAME NAME STREET ADDRESS STREET ADDRESS 2881 NE 32 ST- #115 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33306 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TÍTLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

06/23/00

FILED

754) 420 2508