

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079993

1. Entity Name

PUBLI FRANCE INTERNATIONAL, INC.

**FILED**  
**Jun 01, 2000 8:00 am**  
**Secretary of State**

06-01-2000 90006 001 \*2,222.50

Principal Place of Business

220 71ST ST.  
 SUITE 213  
 MIAMI BEACH FL 33141

Mailing Address

220 71ST ST.  
 SUITE 213  
 MIAMI BEACH FL 33141-3215

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0863296

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PHILIPPE, PHILIPPE  
 220 71ST ST.  
 SUITE 213  
 MIAMI BEACH FL 33141

Name

UGO V. CHIARATO

Street Address (P.O. Box Number is Not Acceptable)

220 71ST STREET #213

City

MIAMI BEACH

FL

Zip Code

33141

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

*Ugo V. Chiarato*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

(305) 868.7060

APR 28, 2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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

| 11. OFFICERS AND DIRECTORS |                                      | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|--------------------------------------|---|---|
| TITLE                      | PSTD <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PHILIPPE, PHILIPPE                   | NAME  |   |
| STREET ADDRESS             | 220 71ST ST.                         | STREET ADDRESS  |   |
| CITY-ST-ZIP                | MIAMI BEACH FL 33141                 | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | NAME  |   |
| STREET ADDRESS             |                                      | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                      | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | NAME  |   |
| STREET ADDRESS             |                                      | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                      | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | NAME  |   |
| STREET ADDRESS             |                                      | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                      | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

*Ugo V. Chiarato*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

POA

June 28, 2000

Date

(305) 868.7060

Daytime Phone #

CR2E034 (9/99)