

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018334

1. Entity Name

LA MAISON DU FUTUR, INC.

03-20-2000 90030 024 ***150.00

P99000018334

FILED

00 SEP -8 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

19005 N.E. 12TH AVE.
NORTH MIAMI BEACH FL 33179

Mailing Address

19005 N.E. 12TH AVE.
NORTH MIAMI BEACH FL 33179-3524

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1025700

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DORFEUILLE
DORFEUILLI, ESTHER J
19805 N.E. 12TH AVE.
NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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	VICE-PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	MICHEL FAUARD	
STREET ADDRESS	19005 NE 12 AVE	
CITY-ST-ZIP	N. M. Bch FL 33179	
TITLE	Dorfeuille Esther	<input type="checkbox"/> Delete
NAME	President	
STREET ADDRESS	19805 NE 12 AVE	
CITY-ST-ZIP	N. M. Bch FL 33179	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Lisa Margaret	
STREET ADDRESS	19805 NE 12 AVE	
CITY-ST-ZIP	N. M. Bch FL 33179	
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	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacques Dorfeuille	
STREET ADDRESS	19005 NE 12 AVE	
CITY-ST-ZIP	N. M. Bch FL 33179	
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: DORFEUILLE ESTHER J
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-2000
Date

(305) 493-3020
Daytime Phone #