

2000 UNIFORM BUSINESS REPORT (UBR)

5/2

DOCUMENT # P99000019652

1. Entity Name

FRENCH KISS INTERNATIONAL INC.

FILED
Jun 19, 2000 8:00 am
Secretary of State

05-21-2000 90006 048 ***150.00

Principal Place of Business Mailing Address
1817 SOUTH OCEAN DRIVE, SUITE 727 1817 SOUTH OCEAN DRIVE, SUITE 727
HALLANDALE FL 33009 HALLANDALE FL 330094943

2. Principal Place of Business 3. Mailing Address
1924 A - HOLLYWOOD BLVD 1924 A - HOLLYWOOD BLVD
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
HOLLYWOOD, FLORIDA HOLLYWOOD, FLORIDA
Zip Zip
33020 33020
Country Country
BROWARD BROWARD

4. FEI Number Applied For
65-0898712 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIARI, MARIE
1817 SOUTH OCEAN DRIVE
HALLANDALE FL 33009

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 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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NAME		NAME	
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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	

PRESIDENT
MARIE SIARI
1924A HOLLYWOOD BLVD
HOLLYWOOD, FLORIDA 33020

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 OR DIRECTOR

4/26/00 (954) 923-2424
Date Daytime Phone #

CR2E034 (9/99)