

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000020718**

1. Entity Name

**PLAISANCE, INC.**

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90432 042 \*\*\*150.00

Principal Place of Business

Mailing Address

**777 South Flagler Drive**  
**Suite 800**  
**West Palm Beach FL 33401**

00100000

2. Principal Place of Business

**4411 Beacon Circle**

3. Mailing Address

**4411 Beacon Circle**

Suite, Apt. #, etc.

**Suite 1A**

Suite, Apt. #, etc.

**Suite 1A**

DO NOT WRITE IN THIS SPACE

City & State  
**West Palm Beach FL**

City & State  
**West Palm Beach FL**

4. FEI Number

**65-0901218**

Applied For

Not Applicable

Zip  
**33407**

Country

**US**

Zip

**33407**

Country

**US**

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

**Philippe J. Brian**  
**777 South Flagler Drive Suite 800W**  
**West Palm Beach FL 33401**

Name **Philippe J. Brian**

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

**4411 Beacon Circle**

**Suite 1A**

City **West Palm Beach**

**FL**

Zip Code  
**33407**

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

**Philippe J. Brian**

**04-29-00**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT**  
NAME **Philippe Plaisance** ☐ Delete  
STREET ADDRESS **42 Rue des Tillands**  
CITY-ST-ZIP **92100 Boulogne France**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Dir**  
NAME **Cecile Beauchemin** ☐ Delete  
STREET ADDRESS **42 Rue des Tillands**  
CITY-ST-ZIP **92100 Boulogne, France**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PS** ☐ Change ☒ Addition  
NAME **Philippe Brian**  
STREET ADDRESS **4411 Beacon Circle, Suite 1A**  
CITY-ST-ZIP **92 West Palm Beach FL 33407**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**Philippe J. Brian**

**Philippe Brian**  
**Secretary**

**04-29-00**

**(561) 835 1111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)