

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020718

1. Entity Name
PLAISANCE, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90228 032 ***150.00

Principal Place of Business
**4411 BEACON CIR., STE 1A
WEST PALM BEACH FL 33407**

Mailing Address
**4411 BEACON CIR., STE 1A
WEST PALM BEACH FL 33407**

00050320



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
205 WORTH AVENUE

3. Mailing Address
205 WORTH AVENUE

Suite, Apt. #, etc.
SUITE 307C

City & State
PALM BEACH FLORIDA

City & State
PALM BEACH FLORIDA

Zip
33480

Country
PALM BEACH

Zip
33480

Country
PALM BEACH

4. FEI Number **65-0901218**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRIAN, PHILIPPE-J
4411 BEACON CIR., STE 1A
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name **PHILIPPE J. BRIAN**

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

SUITE 307C

City **PALM BEACH** FL **33480**

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* DATE 04-28-01

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

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, 2001 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	D	<input type="checkbox"/> Delete	TITLE	DPT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLAISANCE, PHILIPPE		NAME	(Correction)	
STREET ADDRESS	42 RUE DES TILLEULS		STREET ADDRESS	42 - RUE DES TILLEULS	
CITY-ST-ZIP	92100 BOULOGNE FRANCE		CITY-ST-ZIP	92100 BOULOGNE FRANCE	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUGOUIN, CECILE		NAME	(Correction)	
STREET ADDRESS	42 RUE DES TILLEULS		STREET ADDRESS	CECILE BEAUGOUIN	
CITY-ST-ZIP	92100 BOULOGNE FRANCE		CITY-ST-ZIP	42 RUE DES TILLEULS	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN, PHILIPPE		NAME	(Correction)	
STREET ADDRESS	4411 BEACON CIR., STE 1A		STREET ADDRESS	PHILIPPE BRIAN	
CITY-ST-ZIP	WEST PALM BEACH FL 33407		CITY-ST-ZIP	205 WORTH AVENUE SUITE 307C	
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: *Philippe J. Brian* **PHILIPPE BRIAN SECRETARY 0428-01 (54)8351111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)