## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 26, 2000 8:00 am Secretary of State

## DOCUMENT # **P99000058938** CHAMPS ELYSEES ANTIQUES, INC. 05-26-2000 90116 027 \*\*\*550.00 Principal Place of Business Mailing Address 6163 AMBERWOODS DRIVE 6163 AMBERWOODS DRIVE **BOCA RATON FL 33433-3734** BOCA RATON FL 33433 3. Mailing Address 2. Principal Place of Business 7944 NW 62-0WAY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State PAR KLA~D Applied For City & State PARKLAD 15-0940154 Not Applicable Country 5. \$8.75 Additional 5. Certificate of Status Desired 3047 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ricolas 54-7i-1 MARCHAND-MANZE, CHRISTINE Street Address (P.O. Box Number is Not Acceptable) 6163 AMBERWOODS DRIVE **BOCA RATON FL 33433**

DANGLAND 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. rico (AS

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

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. PD ☐ Addition Change TITLE ☐ Delete TITI F SANTINI, MARIE-JOSEE NAME NAME DOMAINE DU LAC BLEU RUE DU LAC, CALAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13480 - CABRIES - FRANCE ☐ Addition Delete ☐ Change TITLE TITLE SANTINI, NICOLAS NAME NAME DOMAINE DU LAC BLEU RUE DU LAC, CALAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ~13480 - CABRIES - FRANCE - -- ~ CITY-ST-ZIP ... ☐ Delete ☐ Addition TITLE TITLE SANTINI, CLAUDE NAME NAME DOMAINE DU LAC BLEU RUE DU LAC, CALAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13480 - CABRIES - FRANCE CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR