

# 2000 UNIFORM BUSINESS REPORT (UBR)

5

**FILED**  
**Jul 10, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90036 006 \*\*\*150.00

**DOCUMENT # P99000061540**

1. Entity Name

**FRANCE ANTIQUES INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

C/O 999 BRICKELL AVENUE, SUITE 700  
MIAMI FL 33131

C/O 999 BRICKELL AVENUE, SUITE 700  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

7014 S.W. 46 STREET  
City, Apt. #, etc.

7014 S.W. 46 STREET  
Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip  
33155

Country

U.S.A.

City & State

MIAMI, FL

Zip  
33155

Country

U.S.A.

4. FEI Number

65-0942553

Applied For

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

KIRSTEN I. BAIER, P.A.  
999 BRICKELL AVENUE, SUITE 700  
MIAMI FL 33131

Name

DOUGLAS LUPISCELL

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

9433 HARDING AVENUE

City

SURFSIDE

FL

Zip Code

33154

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

*Douglas Lupisell* DOUGLAS LUPISCELL

28 APRIL 2000

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when narrating)

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
BISOGNO, JEAN CLAUDE  
999 BRICKELL AVE., STE 700  
MIAMI FL 33131 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J-C BISOGNO

28 APRIL 2000 (305) 667-9903

Date

Date of Filing

CR2034 (9/99)