

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064209

1. Entity Name
U.F.A. CO.

(R)

FILED
Aug 30, 2000 8:00 am
Secretary of State

08-30-2000 90005 046 ***150.00

Principal Place of Business
11300 US HIGHWAY ONE
SUITE 400
NORTH PALM BEACH FL 33408

Mailing Address
11300 US HIGHWAY ONE
SUITE 400
NORTH PALM BEACH FL 33408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0942961

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

PAXMAN, JOHN T ESQ.
1601 FORUM PLACE
SUITE 801
WEST PALM BEACH FL 33401

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME BERTEAUX, PATRICK
STREET ADDRESS 113 U.S. HIGHWAY ONE
CITY-ST-ZIP NORTH PALM BEACH FL 33408

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

TITLE D ☐ Delete
NAME BERTEAUX, LYDIA
STREET ADDRESS 113 U.S. HIGHWAY ONE
CITY-ST-ZIP NORTH PALM BEACH FL 33408

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/16/00 561-684 6258

CR2E034 (5/00)



Attachments
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0082455

11300 US Highway One, Suite 400
North Palm Beach, FL 33408 USA
Telephone 1 561 691 62 58
Facsimile 1 561 691 14 39
Email ufaco@aol.com

North Palm Beach, Wednesday, August 16, 2000

To FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
UBR 2000

Dear Madam, Sir:

Further our telephone call to your office today, and upon recommendations of your kind colleagues, please find enclosed the check and the concerned application.

In fact, and for the first year of renewal, we never received the first notice of filing.

We already claimed to the United States Postal corporation as far as since the beginning of our business, several mails have been lost.

So, we do apologize deeply and hope to satisfy your requirement timely next year.

Very Sincerely,

Patrick BERTEAUX
President

Enclosed, check \$150, 00 as per your request.