

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064209

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

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90030 011 ***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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0942961		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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	

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 _____ DATE _____
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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> D		change <input type="checkbox"/> Addition			
NAME	BERTEAUX, PATRICK			Please note our new data communication: Tel: (561) 691-6278 Fax: (561) 743-5123			
STREET ADDRESS	11300 U.S. HIGHWAY ONE 11300						
CITY-ST-ZIP	NORTH PALM BEACH FL 33408						
TITLE	D	<input type="checkbox"/> D		change <input type="checkbox"/> Addition			
NAME	BERTEAUX, LYDIA						
STREET ADDRESS	11300 U.S. HIGHWAY ONE 11300						
CITY-ST-ZIP	NORTH PALM BEACH FL 33408						
TITLE		<input type="checkbox"/> C		Change <input type="checkbox"/> Addition			
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		<input type="checkbox"/> C		Change <input type="checkbox"/> Addition			
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		<input type="checkbox"/> Delete		Change <input type="checkbox"/> Addition			
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		<input type="checkbox"/> Delete		Change <input type="checkbox"/> 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: P. BERTEAUX 4/16/01 (561) 691-6278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)