

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90296 023 ***150.00

DOCUMENT # P99000068570

1. Entity Name

ALPHA ART DECO CORP.

Principal Place of Business

1001 N FEDERAL HWY
STE 205
HALLANDALE FL 33009

Mailing Address

1001 N FEDERAL HWY
STE 205
HALLANDALE FL 33009

2. Principal Place of Business

1001 N. Federal Hwy

Suite, Apt. #, etc.

Suite 202

City & State

Hallandale, FL

Zip
33009

Country
US

3. Mailing Address

1001 N. Federal Hwy

Suite, Apt. #, etc.

Suite 202

City & State

Hallandale, FL

Zip
33009

Country
US

80051128



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0942826**

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

LEDUC, REJEAN
1001 N FEDERAL HWY STE 205
HALLANDALE FL 33009

Name

LEDUC, REJEAN

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

1001 N. FEDERAL HWY

SUITE 202

City

HALLANDALE

FL

Zip Code

33009

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 \$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 **P** ☐ Delete
NAME **ABELLAN, MARC**
STREET ADDRESS **12 BD FET1, JELOIT CURIE**
CITY-ST-ZIP **34120 PEZENAS FRANCE**

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

TITLE **S** ☒ Delete
NAME **ALELLAN, LUC**
STREET ADDRESS **12 BD FET 1, JOLIOT CURIE**
CITY-ST-ZIP **34120 PEZENAS FRANCE**

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

TITLE **S** ☐ Delete
NAME **ERILL, NATHALIE**
STREET ADDRESS **16 RUE DES FLEURS BLANCHES**
CITY-ST-ZIP **34300 AGDE FRANCE**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

MARC ABELLAN

04/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)