

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90033 004 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT P99000073844

Entity Name

EIFFEL CONSULTING INC.

658497

Principal Place of Business
1001 N. FEDERAL HWY
SUITE 205
HALLANDALE FL 33009

Mailing Address
1001 N. FEDERAL HWY
SUITE 205
HALLANDALE FL 33009

Principal Place of Business
1001 N. FEDERAL HWY
Suite, Apt. #, etc.
SUITE 202

3. Mailing Address
1001 N. FEDERAL HWY
Suite, Apt. #, etc.
SUITE 202

City & State
HALLANDALE FL

City & State
HALLANDALE FL

Zip
33009

Country
US

Zip
33009

Country
US

4. FEI Number
65-0941805

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

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

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-STATE-ZIP	PSD DAVEUX, JEAN-LUC PARC D'ACTIVITES DU CABEDAN 84300 CAVAILLON FRANCE ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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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 507, 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.