

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90037 014 ***150.00

0102411 AV

DOCUMENT # P990000097136

1. Entity Name

FRENCH FLORIDA DREAM, INC.

Principal Place of Business

**5301 CONROY RD., SUITE 140
ORLANDO FL 32811**

Mailing Address

**5301 CONROY RD., SUITE 140
ORLANDO FL 32811**

2. Principal Place of Business

5401 S KIRKMAN RD

Suite, Apt. #, etc.

505

City & State

ORLANDO FL

Zip

32819

Country

ORANGE

3. Mailing Address

5401 S KIRKMAN RD

Suite, Apt. #, etc.

505

City & State

ORLANDO FL

Zip

32819

Country

ORANGE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3608628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAVIGNE, JAMES R

**5301 CONROY RD., SUITE 140
ORLANDO FL 32811**

7. Name and Address of New Registered Agent

Name

AL H. DESAI

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

5401 S KIRKMAN RD STE 505

City

ORLANDO

FL

Zip Code

32819

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]

AL H. DESAI

MAY 7/02

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, 2002 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

TITLE **D** ☐ Delete
NAME **LATHOUD, LAURENT**
STREET ADDRESS **65 RUE DES EPICEAS 73500 MODANE**
CITY-ST-ZIP **FRANCE**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 7/02

Date Daytime Phone #

(10/9) 402034