

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90064 008 ***150.00

DOCUMENT # P99000097928

1. Entity Name
MICHEL DUPEY DEVELOPMENT, INC.

Principal Place of Business 4411 BEACON CIRCLE SUITE 1A WEST PALM BEACH FL 33407	Mailing Address 4411 BEACON CIRCLE SUITE 1A WEST PALM BEACH FL 33407
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 607 PHILIPPE BRIAN ROSWORTH AVE	3. Mailing Address 607 PHILIPPE BRIAN ROSWORTH AVE
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Suite, Apt. #, etc. 307C	Suite, Apt. #, etc. 307C
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City & State PALM BEACH FLORIDA	City & State PALM BEACH FLORIDA
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4. FEI Number 65-0967073	Applied For <input type="checkbox"/> Not Applicable
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Zip 33480	Country PALM BEACH	Zip 33480	Country PALM BEACH
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BRIAN, PHILIPPE J
 4411 BEACON CIRCLE
 SUITE 1A
 WEST PALM BEACH FL 33407**

7. Name and Address of New Registered Agent
 Name **PHILIPPE J. BRIAN**
 Street Address (P.O. Box Number is Not Acceptable)
**205 WORTH AVENUE
 307C**
 City **PALM BEACH** FL **33480**

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 Philippe J. Brian

DATE **04-24-01**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DUPEY, MICHEL GOLF DES MAKILAS-BASSUSSARRY 64200 BIARRITZ (FRANCE)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DUPEY, FRANCOISE GOLF DES MAKILAS-BASSUSSARRY 64200 BIARRITZ (FRANCE)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRIAN, PHILIPPE J 4411 BEACON CIRCLE SUITE 1A WEST PALM BEACH FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONAL OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT (Correction) MICHEL DUPEY 6 ALLEE DE COURBOIS ANGLËT 64600 (FRANCE)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP (Correction) FRANCOISE DUPEY 6 ALLEE DE COURBOIS ANGLËT 64600 (FRANCE)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHILIPPE J. BRIAN 205 WORTH AVENUE, SUITE 307C PALM BEACH FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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: Francoise Dupey Vice President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/27/01** (561) 835 1111
 Daytime Phone #

CR2E034 (10/00)