

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-21-2001 90030 032 ***150.00

658319

DOCUMENT # P99000100461

1. Entity Name
AUTHENTIC TRANSLATIONS, INC

Principal Place of Business
540 SOUTH PARK ROAD
#916
HOLLYWOOD, FL 33021

Mailing Address
P.O. Box 814564
HOLLYWOOD, FL 33081

2. Principal Place of Business
3389 SHERIDAN STREET

3. Mailing Address
3389 SHERIDAN STREET

Suite, Apt. #, etc.
SUITE 404

Suite, Apt. #, etc.
SUITE 404

City & State
HOLLYWOOD, FL

City & State
HOLLYWOOD, FL

Zip
33021

Country
USA

Zip
33021

Country
USA

4. FEI Number
65-096594

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HERAUX, REYNOLD
15343 SW 42 TERRACE
MIAMI, FL 33185

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. ☐ (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 **RSD** ☐ Delete
 NAME **DOUGE, MARTINE**
 STREET ADDRESS **540 SOUTH PARK RD, #916**
 CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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TITLE ☐ Delete
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 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 **RSD** ☒ Change ☐ Addition
 NAME **DOUGE, MARTINE**
 STREET ADDRESS **3389 SHERIDAN ST, #404**
 CITY-ST-ZIP **HOLLYWOOD, FL 33021**

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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TITLE ☐ Change ☐ Addition
 NAME
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 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: **Martine DOUGE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2001 954.612.0066
 Date Daytime Phone #

CR2034 (11/00)