Fax reçu de : 3524290807

FROM : FAX NO. : 3524290807

FILED
Apr 22, 2003 8:00 am
Secretary of State
04-22-2003 90043 029 ***150.00

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V07810

1. Entity Name
BACAJE, INC.

Principal Place of Business
7906 SWISS FAIRWAYS
CLERMONT FL 34711

Mailing Address
7906 SWISS FAIRWAYS
CLERMONT FL 34711

[redacted]

2. Principal Place of Business | 3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

☐ CHECK HERE if the address is changing

4. FEI Number 59-3113609 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

GRIMM, DENISE
13114 SKIING PARADISE BLVD
CLERMONT FL 34711

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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable ______ Date

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	MORLET, IANNICK	
STREET ADDRESS	7906 SWISS FAIRWAYS	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	ST	☐ Delete
NAME	SALLIN, VERONIQUE	
STREET ADDRESS	7906 SWISS FAIRWAYS	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	B	☐ Delete
NAME	MORLET, JEREMIE	
STREET ADDRESS	7906 SWISS FAIRWAYS	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	B	☐ Delete
NAME	MORLET, BASIL	
STREET ADDRESS	7906 SWISS FAIRWAYS	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	B	☐ Delete
NAME	MORLET, CAPICINE	
STREET ADDRESS	7906 SWISS FAIRWAYS	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MORLET 04/04/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date