

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90187 027 ****61.25

DOCUMENT # 702383

1. Entity Name

LE COTILLION, INC.

Principal Place of Business

**2800 NE 14TH STREET
 FT. LAUDERDALE FL 33304**

Mailing Address

**2800 NE 14TH STREET
 FT. LAUDERDALE FL 33304**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1444262

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VILLAIRE, E.R.
 2800 NE 14 ST.
 FT. LAUDERDALE FL 33304**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	LAPERNA, LINDA	
STREET ADDRESS	2800 NE 14 ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIARDINO, ANTHONY	
STREET ADDRESS	2800 N.E. 14 ST.	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VILLAIRE, E.R.	
STREET ADDRESS	2800 NE 14TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	PD	<input type="checkbox"/> Delete
NAME	OCONNOR, NEIL	
STREET ADDRESS	2800 NE 14TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALLMAN, JOYCE	
STREET ADDRESS	2800 NE 14TH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33300	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAHONEY, FRANCIS	
STREET ADDRESS	2800 NE 14TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: *Linda LaPerna*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-01 (954) 722-4120
 Date Daytime Phone #

CR2E037 (10/00)