

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90344 038 \*\*\*150.00

0217084 AV

**DOCUMENT # P93000035285**

1. Entity Name  
**GREGORI INTERNATIONAL OF FLORIDA INC.**



Principal Place of Business  
**520 BRICKELL KEY DR  
SUITE O-305  
MIAMI FL 33131**

Mailing Address  
**520 BRICKELL KEY DR  
SUITE O-305  
MIAMI FL 33131**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0410725**

Applied For  
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FREEMAN, STEPHEN A  
520 BRICKELL KEY DR  
SUITE O-305  
MIAMI FL 33131**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>LECLERC, CHRISTOPHE</b>	
STREET ADDRESS	<b>8350 NW 56TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GREGORI, JEAN-LOUIS</b>	
STREET ADDRESS	<b>520 BRICKELL KEY DR #303</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>GREGORI, XAVIER</b>	
STREET ADDRESS	<b>8350 NW 56 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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 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:** SIGNATURE REQUIRED **4/28/03 3056637393**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)