

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91586 023 \*\*\*150.00

DOCUMENT # P00000022136

1. Entity Name

LES TROIS, CORP.

Principal Place of Business

18459 PINES BLVD.

STE. 342

PEMBROKE PINES, FL 33029

Mailing Address

SAME

2. Principal Place of Business

3711 NW, 95TH TERR

Suite, Apt. #, etc.

1104

City & State

SUNRISE, FL

Zip

33351

Country

USA

3. Mailing Address

3711 NW, 95TH TERR

Suite, Apt. #, etc.

1104

City & State

SUNRISE, FL

Zip

33351

Country

USA

4. FEI Number

65-0988924

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

TOVAR, IUEANA ARIAS

9900 STIRLING ROAD

SUITE 240

COOPER CITY, FL 33024

7. Name and Address of New Registered Agent

Name TOVAR, IUEANA ARIAS

Street Address (P.O. Box Number is Not Acceptable)

1725 MAIN ST, #205

City WESTON

FL

Zip Code 33326

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)

05/01/01

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	PTD	<input type="checkbox"/> Delete
NAME	CASTILLO, ANDREA	
STREET ADDRESS	18459 PINES BLVD.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	USD	<input type="checkbox"/> Delete
NAME	CASTILLO, DANIEL	
STREET ADDRESS	18459 PINES BLVD.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRITOS, GUSTAVO	
STREET ADDRESS	8475 BIRD RD	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODINA, RICARDO	
STREET ADDRESS	18459 PINES BLVD.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERRERA, MANUEL	
STREET ADDRESS	18459 PINES BLVD.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEL SOCORRO FERNANDEZ M.	
STREET ADDRESS	18459 PINES BLVD.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	

12. 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	
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	

CR2E034 (10/00)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/01

Date

Daytime Phone #