

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90538 004 ***150.00

DOCUMENT # P02000055205

1. Entity Name
L.B.R.O. CORP



Principal Place of Business
**2606 SAN ANDROS
W PALM BCH FL 33411**

Mailing Address
**2606 SAN ANDROS
W PALM BCH FL 33411**



2. Principal Place of Business
205 WORTH AVENUE

3. Mailing Address
205 WORTH AVENUE

Suite, Apt. #, etc.
307C

Suite, Apt. #, etc.
307C

☐ CHECK HERE IF MAKING CHANGES

City & State
PALM BEACH FL

City & State
PALM BEACH FL

4. FEI Number
65-1119977

Applied For
☐ Not Applicable

Zip
33480

Country
PALM BEACH

Zip
33480

Country
PALM BEACH

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEDUC, REJEAN
1001 N FEDERAL HWY STE 202
HALLANDALE FL 33009**

Name
PHILIPPE BRIAN

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

205 WORTH AVENUE #307C

City
PALM BEACH

FL

Zip Code
33480

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 *Philippe Brian*

01-15-03

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
PREVAL, MARIE-CLAIRE
2606 SAN ANDROS
W PALM BCH FL 33411** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/P
LOUIS FELIPE BENITA
50 RUE MAURICE RIPOCHE
PARIS 75014 FRANCE** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/T
EVELYNE BENITA
50 RUE MAURICE RIPOCHE
PARIS 75014 FRANCE** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
PHILIPPE BRIAN
205 WORTH AVENUE #307C
PALM BEACH FL 33480** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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: *STANLEY B. BROWN*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23-03 (561) 835 1111
Date Daytime Phone #

CR2E034 (10/02)