

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

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90015 011 ***158.50

DOCUMENT # **559961**

1. Entity Name

**L.S. P. Deleuve Enterprises
Inc.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1733 S.W. 5th St

3. Mailing Address

P.O. BOX 101297

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale

City & State

Ft. Lauderdale

Zip

33312

Country

U.S.A.

Zip

33310

Country

U.S.A.

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Dr. Lois J. Deleuve

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

1733 S.W. 5th St.

City

Ft. Lauderdale

FL

Zip Code

33312

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	President Lois J. Deleuve 1733 S.W. 5th St., Ft. Lauderdale, FL 33312	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President + Treasury Patrice Louis Deleuve 1733 S.W. 5th St., Ft. Lauderdale, FL 33312	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasury - Samuel L. Deleuve - 1733 S.W. 5th St., Ft. Lauderdale, FL 33312	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lois J. Deleuve

Date

Daytime Phone #

4-29-04 954-767-0197

CR2E034B (12/02)