

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90133 034 \*\*\*550.00

**DOCUMENT # G07391**

1. Entity Name  
**EAST SIDE CORPORATION**

Principal Place of Business  
**C/O SHUTTS & BOWEN JDB**  
**201 S BISCAYNE BLVD. #1600**  
**MIAMI FL 33131**  
**US**

Mailing Address  
**C/O SHUTTS & BOWEN (JDB)**  
**201 S BISCAYNE BLVD. #1600**  
**MIAMI FL 33131**  
**US**

**80129817**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**c/o Patrick F. Healy**

3. Mailing Address  
**Same as in Item 2**

Suite, Apt. #, etc.  
**1800 W. Hibiscus Blvd, Ste 138**

City & State  
**Melbourne, FL 32901**

City & State

4. FEI Number **59-2252392**

Applied For  
 Not Applicable

Zip Country  
**32901 USA**

Zip Country

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

**CORPORATION COMPANY OF MIAMI**  
**C/O SHUTTS & BOWEN (JDB)**  
**201 S BISCAYNE BLVD, #1600**  
**MIAMI FL 33131**

Name **Patrick F. Healy, Esq.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1800 W. Hibiscus Blvd., Suite 138**  
 City **Melbourne** **FL** Zip Code **32901**

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 *Patrick F. Healy*  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **5-22-02**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                                                             |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PST<br/>LECLERCO ALAIN<br/>28 BD DE BELGIQUE<br/>MONTE CARLO, MONACO</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>LECLERCO, ALAIN<br/>28 BD DE BELGIQUE<br/>MONTE CARLO, MONACO</b> <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                             |

|                                                |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 22, 2002

Date Daytime Phone #

CR2E034 (9/01)

Attachment  
ID# G07391  
B0129817

**GRAYHARRIS**  
ATTORNEYS AT LAW

GRAY, HARRIS & ROBINSON, P.A.  
SUITE 138  
1800 WEST HIBISCUS BLVD. (32901)  
P.O. BOX 1870  
MELBOURNE, FLORIDA 32902-1870  
TEL 321-727-8100  
FAX 321-984-4122  
WEB grayharris.com

July 9, 2002

E-MAIL ADDRESS

phealy@grayharris.com

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

**Re: East Side Corporation  
Reference Number G07391**

Ladies and Gentlemen:

Our office is in receipt of a letter from the Annual Reports Section advising us that the annual report for the above-referenced corporation has not been filed because the check submitted was not made payable to the Department of State. I have enclosed a copy of the check, notice and mailing envelope for your ease of reference. The words "Department of State" did appear on the check, as well as the amount of the check, but the person making out the check wrote it on the wrong line.

Enclosed herewith please find a replacement check in the amount of \$550.00.

Please also note that your letter is dated June 4, 2002, but the mailing envelope was postmarked Saturday, June 15, 2002 and was received by our office on or about June 18<sup>th</sup>.

Sincerely,



Angela DiSalvo,  
Legal Assistant to  
Patrick F. Healy, Esq.

EAST SIDE CORPORATION 06-95  
601 21st Street, Suite 406  
Vero Beach, FL 32960

1277  
63-215/631

PAY  
TO THE  
ORDER OF

Five Hundred Fifty  
DOLLARS

May 22nd 1902

\$ = 550 =



SunBank, N.A.  
Piaito Place Office, 845  
Melbourne, FL 32901  
TeleBank 24 (407) 836-4786

DOLLARS

Alain LeClercq, President

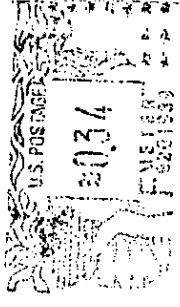
FOR

2002 Uniform Business Receipt

1100127711 10631021521064364321162511



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS  
Corporate Records  
P.O. Box 6327  
Tallahassee, Florida 32314



Attachment  
# 907391  
B0129819

32901-2699 11





Attachment  
R# G07391  
BD129017

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 4, 2002

EAST SIDE CORPORATION  
1800 W. HIBISCUS BLVD STE 138  
MELBOURNE, FL 32901 US

Subject: EAST SIDE CORPORATION

Reference Number: G07391

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/tw

ANNUAL REPORTS SECTION