2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 20, 2000 8:00 am Secretary of State DOCUMENT # **G10087** 1. Entity Name LE PARISIAN, INC. 03-20-2000 90104 048 ***150.00 Mailing Address Principal Place of Business PO BOX 398072 1300 LINCOLM ROAD MIAMI. BEACH FL 33239-8072 1 UNIT C-18 MIAMI BEACH FL 33139 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2262482 Not Applicable Country \$8.75 Additional Zip Country П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ACOSTA, JESUS Street Address (P.O. Box Number is Not Acceptable) **5061 BORHT BAY ROAD** MIAMI BEACH FL 33140 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Addition ☐ Delete TITLE ACOSTA, JESUS NAME NAME STREET ADDRESS STREET ADDRESS 1300 LINCOLN RD CITY-ST-ZIP CITY-ST-ZIP MIAMI BCH, FL 00000 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITI F ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ De:ete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 poort 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 any ddress, with all other like empowered.

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR