

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90022 038 \*\*\*150.00

**DOCUMENT # K18107**

1. Entity Name  
**LES MUST DE CARTIER INTERNATIONAL INC.**

Principal Place of Business <b>550 BILTMORE WAY          PENTHOUSE 1          CORAL GABLES FL 33134          US</b>		Mailing Address <b>550 BILTMORE WAY          PENTHOUSE 1          CORAL GABLES FL 33134-5721          US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **22-2892931** 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 <b>C-T CORPORATION SYSTEM          1200 SOUTH PINE ISLAND RD.          PLANTATION FL 33324</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S SAAGE, GARY A JR 3 ENTERPRISE DRIVE SHELTON CO 06484 <input type="checkbox"/> Delete	TITLE	D CEDRIC BOSSERT VENDOME LUXURY GROUP 8th James-Fazy, Geneva, Switzerland <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D DESTINO, RALPH 653 FIFTH AVENUE NEW YORK NY <input checked="" type="checkbox"/> Delete	TITLE	LOUIS BLANK VENDOME LUXURY GROUP 25 rue des Caroubiers Geneve 1227 Switzerland <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	P MAINCOURT, CHRISTOPHE 550 BILTMORE WAY, SUITE 1270 CORAL GABLES FL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D CRITCHELL, SIMON 653 FIFTH AVE NEW YORK NY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D BRENAC, JEAN-ALAIN AMBERES 9, COL. JUAREZ 06600 MEXICO CITY DF <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D DJAOUI, GERARD 51 RUE PIERRE CHARRON PARIS FR 75008 <input type="checkbox"/> Delete	TITLE	<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]* Date: 4/7/00 Daytime Phone #: 203 925-6531  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR