

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90122 021 ***150.00

DOCUMENT # K19295

1. Entity Name

LE BON PAIN, INC.

Principal Place of Business

Mailing Address

% DANIELLE SARDO
 3840 SHIPPING AVENUE
 MIAMI FL 33146

% DANIELLE SARDO
 3840 SHIPPING AVENUE
 MIAMI FL 33146-1517

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0049598

Applied For

Not Applicable

Zip

Country

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

SARDO, DANIELLE
450 CALIGULA AVENUE
CORAL GABLES FL 33146

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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: PD
 NAME: SARDO, SEBASTIAN
 STREET ADDRESS: 2711 SAN DOMINGO ST
 CITY-ST-ZIP: CORAL GABLES FL

Delete

TITLE: [] Change [] Addition
 NAME: [] Change [] Addition
 STREET ADDRESS: [] Change [] Addition
 CITY-ST-ZIP: [] Change [] Addition

TITLE: VP
 NAME: SARDO, DANIELE
 STREET ADDRESS: 2711 SAN DOMINGO ST
 CITY-ST-ZIP: CORAL GABLES FL

Delete

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 NAME: [] Change [] Addition
 STREET ADDRESS: [] Change [] Addition
 CITY-ST-ZIP: [] Change [] Addition

TITLE: P
 NAME: SARDO, RAPHAEL
 STREET ADDRESS: 5746 SW 53RD TERR
 CITY-ST-ZIP: SOUTH MIAMI FL

Delete

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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 a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/05/00 305-446-3848

CF 014-10001