

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90060 006 \*\*\*150.00

DOCUMENT # **K19295**

1. Entity Name  
**LE BON PAIN, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>% DANIELLE SARDO</b> <b>3840 SHIPPING AVENUE</b> <b>MIAMI FL 33146</b>	Mailing Address <b>% DANIELLE SARDO</b> <b>3840 SHIPPING AVENUE</b> <b>MIAMI FL 33146</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>65-0049598</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

Zip	Country	Zip	Country
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**6. Name and Address of Current Registered Agent**

**SARDO, DANIELLE**  
**450 CALIGULA AVENUE**  
**CORAL GABLES FL 33146**

**7. Name and Address of New Registered Agent**

Name **SARDOU DANIELLE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2711 SAN DOMINGO**  
 City **CORAL GABLES** **FL** Zip Code **33146**

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  **SARDOU DANIELLE**  
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, 2001 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**

TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>SARDO, SEBASTIAN</b>	
STREET ADDRESS <b>2711 SAN DOMINGO ST</b>	
CITY-ST-ZIP <b>CORAL GABLES FL</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>SARDO, DANIELE</b>	
STREET ADDRESS <b>2711 SAN DOMINGO ST</b>	
CITY-ST-ZIP <b>CORAL GABLES FL</b>	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>SARDO, RAPHAEL</b>	
STREET ADDRESS <b>5746 SW 53RD TERR</b>	
CITY-ST-ZIP <b>SOUTH MIAMI FL</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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:  **SARDOU SEBASTIEN** **2/26/2001** **(305)446-3848**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)