

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

99 MAR -1 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L14321**

1. Corporation Name

LE ZELLIE INC
(DBA CAFE PIETRI)

Principal Place of Business

Mailing Address

802 S.E. 5TH AVE
DELRAY BEACH FL 33483

(NEW ADDRESS)

3. Date incorporated or Qualified
9-8-89

3a. Date of Last Report

4. FEI Number
65-0146968

5. Withholding Tax Return Due ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation has liability for franchise tax under the Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21. State, Apt #, etc.

26. State, Apt #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. State, Apt #, etc.

25. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

MICHEL PIETRI
290 E. FERN DR.
BOCA RATON, FL 33432

81. Name

82. State, Apt #, etc.

83. City & State

84. Zip

FL 85

11. Pursuant to the provisions of Sections 607.0912 and 607.1502, Florida Statutes, the above-named corporation hereby certifies that the person named as its registered agent in this report is a resident of the State of Florida. Such certificate may be signed by the president, secretary, or any officer or agent authorized to sign on behalf of the corporation of Sections 607.0912, Florida Statutes.

SIGNATURE

Michel Pietri

2-10-99

12. OFFICERS AND DIRECTORS

13.

NAME: **MICHEL PIETRI (PRES.)** ☐ SECRETARY
ADDRESS: **290 E FERN DR.**
CITY, STATE, ZIP: **BOCA RATON FL 33432**

NAME: **ARLETTE PIETRI (V. PRES.)** ☐ SECRETARY
ADDRESS: **(SAME)**
CITY, STATE, ZIP: **(SAME)**

NAME: **ARLETTE PIETRI (V. PRES.)** ☐ SECRETARY
ADDRESS: **(SAME)**
CITY, STATE, ZIP: **(SAME)**

NAME: **(SAME)** ☐ SECRETARY
ADDRESS: **(SAME)**
CITY, STATE, ZIP: **(SAME)**

NAME: **(SAME)** ☐ SECRETARY
ADDRESS: **(SAME)**
CITY, STATE, ZIP: **(SAME)**

NAME: **(SAME)** ☐ SECRETARY
ADDRESS: **(SAME)**
CITY, STATE, ZIP: **(SAME)**

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CITY, STATE, ZIP: **(SAME)**

NAME: **(SAME)** ☐ SECRETARY
ADDRESS: **(SAME)**
CITY, STATE, ZIP: **(SAME)**

NAME: **(SAME)** ☐ SECRETARY
ADDRESS: **(SAME)**
CITY, STATE, ZIP: **(SAME)**

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the person named as the registered agent in this report is a resident of the State of Florida. Such certificate may be signed by the president, secretary, or any officer or agent authorized to sign on behalf of the corporation of Sections 607.0912, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michel Pietri

2-10-99 **561-2799884**

3/1/99

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******150.00 ****150.00**