

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90040 014 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L14321**

1. Entity Name
LE ZELLIE, INC.



Principal Place of Business
**802 S.E. 5TH AVE
DELRAY BEACH FL 33483
US**

Mailing Address
**802 S.E. 5TH AVE
DELRAY BEACH FL 33483
US**

2. Principal Place of Business
290 E. FERN DR.
Suite, Apt. #, etc.

3. Mailing Address
290 E. FERN DR.
Suite, Apt. #, etc.

City & State
Boca Raton FL

City & State
Boca Raton FL

4. FEI Number **65-0146968**

Zip **33432** Country **USA**

Zip **33432** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named agent assumes this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the qualifications of registered agent.

SIGNATURE *[Signature]*
Notarize (use notary stamp and name of registered agent and state addressable)

(NOTE: Registered agent's signature required when re-appointing)

4-15-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	PIETRI, MICHEL	
STREET ADDRESS	290 E FERN DR	
CITY-STATE-ZIP	BOCA RATON FL 33432	
TITLE	V	☐ Delete
NAME	PIETRI, ARLETTE	
STREET ADDRESS	290 E FERN DR	
CITY-STATE-ZIP	BOCA RATON FL 33432	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.