

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L63140

1. Entity Name

LA BRIOCHE DOREE, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90169 050 ***150.00

Principal Place of Business

Mailing Address

4017 PRAIRIE AVENUE
MIAMI BEACH FL 33140

4017 PRAIRIE AVENUE
MIAMI BEACH FL 33140-3511

2. Principal Place of Business

3. Mailing Address

4017 PRAIRIE AVE

4017 PRAIRIE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NONE

NONE

City & State
MIAMI BEACH, FL.

City & State
MIAMI BEACH, FL.

Zip
33141

Country
DADE

Zip
33141

Country
DADE

4. FEI Number 65-0183660

Applied For
Not Applicable

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

MOODY, STEVE E.
MOODY AND JONES, P.A.
1333 S. UNIVERSITY DR., STE. 201
PLANTATION FL 33324

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 P
NAME MAILAL, EDOUARD
STREET ADDRESS 4017 PRAIRIE AVENUE
CITY-ST-ZIP MIAMI BEACH FL

TITLE
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)