

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90091 050 \*\*\*\*75.00

**DOCUMENT # N00000000958**

1. Entity Name

**REZISTANS LAKAY 2000, INC.**

Principal Place of Business

751 NE 180TH ST.  
 MIAMI FL 33162

Mailing Address

751 NE 180TH ST.  
 MIAMI FL 33162

2. Principal Place of Business

**45 NW 56 TH ST**

Suite, Apt. #, etc.

3. Mailing Address

**45 NW 56 ST**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

Zip

**33127**

Country

**USA**

City & State

**MIAMI, FL**

Zip

**33127**

Country

**USA**

4. FEI Number

**65-108 5266**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional**

Fee Required -

6. Name and Address of Current Registered Agent

**EUGENE, AUGUSTIN**  
**751 NE 180TH ST.**  
**MIAMI FL 33162**

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 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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

☒

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | PD                       | <input type="checkbox"/> Delete |
| NAME           | EUGENE, AUGUSTIN         |                                 |
| STREET ADDRESS | 751 NE 180TH ST.         |                                 |
| CITY-ST-ZIP    | MIAMI FL 33162           |                                 |
| TITLE          | VD                       | <input type="checkbox"/> Delete |
| NAME           | INELVA, NICOLAS          |                                 |
| STREET ADDRESS | 26 NW 30TH ST            |                                 |
| CITY-ST-ZIP    | MIAMI FL 33127           |                                 |
| TITLE          | VD                       | <input type="checkbox"/> Delete |
| NAME           | ALPHONSE, ETIENNE        |                                 |
| STREET ADDRESS | 8300 N. MIAMI AVE., #113 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33150           |                                 |
| TITLE          | SD                       | <input type="checkbox"/> Delete |
| NAME           | BONHOMME, GEORGES        |                                 |
| STREET ADDRESS | 60 NE 65TH ST.           |                                 |
| CITY-ST-ZIP    | MIAMI FL 33138           |                                 |
| TITLE          | TD                       | <input type="checkbox"/> Delete |
| NAME           | SAINTIL, STEPHANIE       |                                 |
| STREET ADDRESS | 8312 NE MIAMI CT., #D    |                                 |
| CITY-ST-ZIP    | MIAMI FL 33148           |                                 |
| TITLE          | AT                       | <input type="checkbox"/> Delete |
| NAME           | JOSEPH, GEORGETTE        |                                 |
| STREET ADDRESS | 45 NW 56TH ST.           |                                 |
| CITY-ST-ZIP    | MIAMI FL 33127           |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                          |                                                                              |
|----------------|--------------------------|------------------------------------------------------------------------------|
| TITLE          | PRESIDENT                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | EUGENE Augustin          |                                                                              |
| STREET ADDRESS | 751 NE 180 ST            |                                                                              |
| CITY-ST-ZIP    | MIAMI, FL 33162          |                                                                              |
| TITLE          | VD                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | INELVA, NICOLAS          |                                                                              |
| STREET ADDRESS | 26 NW 30 ST              |                                                                              |
| CITY-ST-ZIP    | MIAMI, FL 33127          |                                                                              |
| TITLE          | VD                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | ALPHONSE, ETIENNE        |                                                                              |
| STREET ADDRESS | 8300 N. MIAMI AVE., #113 |                                                                              |
| CITY-ST-ZIP    | MIAMI FL 33150           |                                                                              |
| TITLE          | SD                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | BONHOMME, GEORGES        |                                                                              |
| STREET ADDRESS | 60 NE 65TH ST            |                                                                              |
| CITY-ST-ZIP    | MIAMI FL 33138           |                                                                              |
| TITLE          | TD                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | URLINE BONHOMME          |                                                                              |
| STREET ADDRESS | 60 NE 65ST #2            |                                                                              |
| CITY-ST-ZIP    | MIAMI, FL 33138          |                                                                              |
| TITLE          | AT                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JOSEPH Georgette         |                                                                              |
| STREET ADDRESS | 45 NW 56TH ST            |                                                                              |
| CITY-ST-ZIP    | MIAMI, FL 33127          |                                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 179.07(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 617, 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.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Attachment Doc#  
N00000000958  
7749



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 24, 2001

REZISTANS LAKAY 2000, INC.  
45 NW 56TH ST  
MIAMI, FL 33127

Subject: REZISTANS LAKAY 2000, INC.

Reference: ~~N00000000958~~  
Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$75.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RR  
ANNUAL REPORTS SECTION

Attachment Doc# N000000000958



77049  
REZISTANS LAKAY 2000, INC.

45 N.W. 56th Street • Miami, FL 33127 • Phone: (305) 758-6015

NEW Address.

→ 715 N.E 138 St  
MIAMI, FL 33161

New Address

715 N.E. 138 ST  
MIAMI, FL 33161

\* Augustin Eugene P.D  
3691 N.W 21 St  
Lauderdale Lakes FL, 33311

\* Joseph Georgette AT  
715 N.E 138 St  
MIAMI, FL 33161