

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000007872

FILED
May 03, 2002 8:00 AM
Secretary of State

Entity Name: LE FLORIDIEN, INC.

Current Principal Place of Business:

2861 HURON WAY
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

2861 HURON WAY
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 59-3178164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAURENT, WESLEY
751 SW 98TH PL CIR.
MIAMI, FL 33174

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FERDINAND, DESSALINES
Address: 2861 HURON WAY
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: DAOUT, JUDITH
Address: 1505 FLORIDA AVE.
City-St-Zip: W. PALM BCH, FL 33407

Title: D () Delete
Name: VITAL, ALEX
Address: 196 NW 95TH ST.
City-St-Zip: MIAMI SHORES, FL 33150

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DESSALINES FERDINAND

D

05/03/2002

Electronic Signature of Signing Officer or Director

_____ Date