


FILED
Jun 26, 2003 8:00 am
Secretary of State

05-05-2003 90239 049 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

S/E
 S/

DOCUMENT # N02000009803
 1. Entity Name
LEGAL ASSISTANCE SERVICES OF ORLANDO, INC.



Principal Place of Business Mailing Address
 2550 WEST COLONIAL DRIVE SUITE 414 2550 WEST COLONIAL DRIVE SUITE 414
 ORLANDO FL 32809 ORLANDO FL 32809

55049906

2. Principal Place of Business 3. Mailing Address
2550 W. Col Dr. *SAME*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Orlando, FL *FL*
 Zip Country
32804 *ORANGE*

4. FEI Number Applied For
33-1041487 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CHRISTOPHE, JEAN
 2550 WEST COLONIAL DRIVE SUITE 414
 ORLANDO FL 32809

7. Name and Address of New Registered Agent
 Name *SAME*
 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE *Jean Christophe* DATE *04-29-03*

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CLAIR-SAINT, JAMES	
STREET ADDRESS	2550 WEST COLONIAL DRIVE SUITE 414	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BRUTUS, HENRY	
STREET ADDRESS	8412 LAUREN CT	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAHENS, GEORGES	
STREET ADDRESS	11848 NEW CHAPEL CT	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JULES, GILBERT	
STREET ADDRESS	514 N TAMPA AVENUE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	JABON, GERRY	
STREET ADDRESS	4848 ROSE CORAL DR APT 51	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GUILLAUME, FREDERIC	
STREET ADDRESS	2015 IRVING CIR #203	
CITY-ST-ZIP	OCFEE FL 34781	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacob Gabriel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1314 BERWICK DR	
CITY-ST-ZIP	KEESBUTZ, FL 39748	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DieuFils Joseph	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5819 HORNET DR.	
CITY-ST-ZIP	ORLANDO, FL 32808	

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 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 DATE *06/11/03* DAYTIME PHONE # *407-5401085*

Jean Christophe

CRE2007 (10/02)