

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

FILED
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90008 031 ***150.00

DOCUMENT # **PO00000012277**
1. Entity Name **LE CROISIC, INC.** ✓

DO NOT WRITE IN THIS SPACE

973820

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **180 CRANDON BLVD** 3. Mailing Address **180 CRANDON BLVD**

Suite, Apt. #, etc. **117**

Suite, Apt. #, etc. **117**

City & State **KEY BISCAYNE FL**

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4. FEI Number **65-0978855**

Applied For
Not Applicable

Zip **33149**

Country **USA**

Zip **33149**

Country **USA**

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **ADRIANA FATAT**

Street Address (P.O. Box Number is Not Acceptable) **180 CRANDON BLVD #117**

City **KEY BISCAYNE**

FL

Zip Code **33149**

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

ADRIANA FATAT, PRESIDENT

7/19/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE **D**
NAME **ADRIANA FATAT**
STREET ADDRESS **180 CRANDON BLVD #117**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/02

Date

305-361-5888

Daytime Phone #

CR2E034B (12/01)

LE CROISIC, INC.
180 CRANDON BOULEVARD
SUITE 117
KEY BISCAYNE, FLORIDA 33149

Attachment
973820

P00 000012277

PHONE (305) 259-0254
FAX (305) 259-1903
EMAIL WHALLCPA@JUNO.COM

July 30, 2002

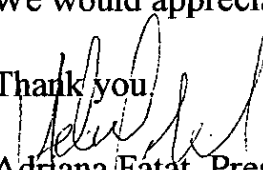
Florida Department of State
P.O. Box 6327
Tallahassee, Fl 32314

To Whom It May Concern:

Enclosed is our annual report for 2002. Our previous registered agent never forwarded us this renewal. We are therefore changing registered agent.

We would appreciate any late filing penalties be abated.

Thank you.


Adriana Fatat, President
Le Croisic, Inc.