2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 07, 2001 8:00 am Secretary of State DOCUMENT # P00000022972 LE' ORIGINALE' EVENT TEAM, INC. 05-07-2001 90003 018 ***158.75 Principal Place of Business Mailing Address 7637 HARBOUR BLVD. 7637 HARBOUR BLVD. MIRAMAR FL 33023 MIRAMAR FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1051024 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ENDERSON AREN CUTLER, CAROLINE W Street Address (P.O. Box Number is Not Acceptable) 15120 S.W. 51 ST. MIRAMAR FL 33027 7637 HARBOUR City MIRAMAR 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 KAREN HENDERSON, PRESIDENT FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Addition Delete NAME HENDERSON, KAREN NAME STREET ADDRESS 7637 HARBOUR BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33023 **VD** ☐ Addition TITL F ☐ Delete TITLE Change HENDERSON, HARRIS NAME NAME STREET ADDRESS STREET ADDRESS 7637 HARBOUR BLVD. CITY-ST-7IP CITY-ST-ZIP MIRAMAR FL 33023 Secretary/ASST. TREASURER Delete Change TITLE ■ Addition TITLE TIFFANY HUGHES 7964 OAKSTONE CT. CUTLER, CAROLINE W NAME NAME STREET ADDRESS 15120 S.W. 51 ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DRIANDO FL 32822 MIRAMAR FL 33027-3612 COORDINATOR Delete TITLE TITLE ☐ Addition MUHAMMED-MCMILLIAN, MIRIAM NAME ABIN BANDISTER NAME 1778 NW 74 TERRACE STREET ADDRESS STREET ADDRESS 5501 W. PARK RD. MIAMI, FL 33147 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33009 COORDINATOR ☐ Delete Change Addition TITLE. TITL F REGINALD HUGHES NAME MAME 7964 OAKSTONE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32822 Delete TITLE Change Addition TITI F TREASURER KAREN HENDERSON NAME STREET ADDRESS 7637 HARBOUR BLYD STREET ADDRESS FC 33023 CITY-ST-ZIP MIRAMAR 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 incomposition of the corporation of the corporation of the corporation of the receiver or trustee empowered.