

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90151 009 ***150.00

DOCUMENT # P000000424811. Entity Name
LA MAISON DE PARANA, INC.

Principal Place of Business

19477 NE 10TH AVE.**APT. 329****MIAMI FL 33179**

Mailing Address

19477 NE 10TH AVE.**APT. 329****MIAMI FL 33179**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE # 329

Suite, Apt. #, etc.

Suite # 329

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1003934**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOYAL, PATRICK
82 N. UNIVERSITY DRIVE
PEMBROKE FL 33024

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 _____

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☒ Delete
NAME **ATTIA, BRIGITTE E**
STREET ADDRESS **57 BLVD. LANNES**
CITY-ST-ZIP **75016 PARIS, FRANCE**TITLE **DPS** ☐ Delete
NAME **HABABOU, MICHAEL J**
STREET ADDRESS **A 5677 N.E. FOK AVE., APT. 329**
CITY-ST-ZIP **MIAMI FL 33179**TITLE **DVT** ☒ Delete
NAME **HABABOU, MYRIAN E**
STREET ADDRESS **A 8477 NE 10TH AV. APT 329**
CITY-ST-ZIP **MIAMI FL 33179**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **HABABOU MICHAEL** ☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **19477 NE 10th AV - Suite # 329**
CITY-ST-ZIP **MIAMI, FL, 33179**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. HABABOU

Date

Daytime Phone #

01/21/02 305-318-0758

CR2E034 (9/01)