

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91362 033 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000042481

1. Entity Name
LA MAISON DE PARANA, INC.



80096768

Principal Place of Business
19477 NE 10TH AVE.
SUITE 329
MIAMI, FL 33179

Mailing Address
19477 NE 10TH AVE.
SUITE 329
MIAMI, FL 33179

2. Principal Place of Business

21300 SAN SIMEON WAY

Suite, Apt. #, etc.

Q5

3. Mailing Address

21300 SAN SIMEON WAY

Suite, Apt. #, etc.

Q5

City & State
N MIAMI BEACH, FL

Zip

33179

Country

USA

City & State
N MIAMI BEACH, FL

Zip

33179

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
95-1003934

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOYAL, PATRICK
82 N. UNIVERSITY DRIVE
PEMBROKE, FL 33024

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when submitting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HABABOU, MICHAEL J
19477 NE 10TH AVE SUITE 329
MIAMI, FL 33179

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HABABOU MICHAEL J
21300 SAN SIMEON WAY - Q5
N MIAMI BEACH, FL 33179

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 607, 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:

Michael J Hababou, Presdt

Signature

04/15/03

786-486
3107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)