2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State
06-20-2001 90010 045 ***150.00

DOCUMENT # P00000049232

1. Entity Name
LE GALA RESTAURANT INC.

(LA)

Principal Place of Business	Mailing Address
307 N. ORANGE BLOSSOM TR. ORLANDO FL 32805	307 N. ORANGE BLOSSOM TR. ORLANDO FL 32805

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
307 N. Orange Bl TR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando Florida	City & State
Zip: 32805 Country: ORange	Zip Country

4. FEI Number: 59 36 43818 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EDMOND, MARC 5300 POINTE VISTA CIR. #205 ORLANDO FL 32839	Name: GUIBSO LAUSCAR Street Address (P.O. Box Number is Not Acceptable): 6119 Arden Wood Court City: orlando FL Zip Code: 32808

President

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: Guibso Lauscar 4-30-01
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, 2001 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Edmond, Marc 5300 Pointe vista cir #205 orlando FL 32839	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OFFICER LEAH NOMBRE C 408 Declaration Dr ORL FL 32809 ☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEVA LAUSCAR V 6432 Lauren Ct orlando FL 32818 ☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M ELOY FLEURINE 5301 PointeVISTA Circle apt#202 ORLANDO FL 32839 ☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: X Guibso Lauscar 4-30-01 407-834-5883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #