

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

1052

DOCUMENT # P00000053039

1. Entity Name

L'ATELIER GROUP, INC.

FILED

02 APR 17 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6900 BISCAYNE BLVD

Suite, Apt. #, etc.

3. Mailing Address

6900 BISCAYNE BLVD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

Applied For
 Not Applicable

Zip 33138

Country USA

Zip 33138

Country USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

KAREN N. ULBRICH POZOS

Street Address (P.O. Box Number is Not Acceptable)

6900 BISCAYNE BLVD.

City MIAMI

FL

Zip Code 33138

**DO NOT WRITE
IN THIS SPACE**

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

4/16/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
P/T/D KAREN N. ULBRICH POZOS
6900 BISCAYNE BLVD
MIAMI, FL 33138

TITLE NAME STREET ADDRESS CITY-ST-ZIP
V/S/D EDGAR POZOS
6900 BISCAYNE BLVD.
MIAMI, FL 33138

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

700005348247-0
-04/25/02--01047--013
***300.00 ***300.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/16/02

Date

Daytime Phone #

CR2E0838 (12/01)

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2 of 2

L'ATELIER GROUP, INC.
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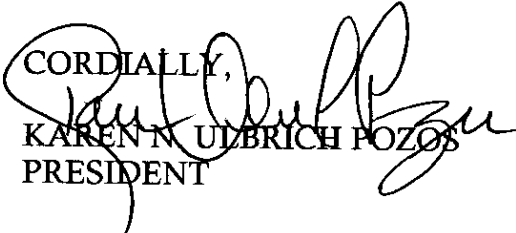
TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

KAREN N. ULBRICH POZOS
PRESIDENT