

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90019 024 ***150.00

DOCUMENT # P00000057253

1. Entity Name

CREPES DE PARIS, INC.

Principal Place of Business

851 HERITAGE DRIVE
WESTON FL 33331

Mailing Address

851 HERITAGE DRIVE
WESTON FL 33331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

651-03-4966

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE LIMA, HECTOR
851 HERITAGE DRIVE
WESTON FL 33331

7. Name and Address of New Registered Agent

Name

HECTOR DE LIMA

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

851 HERITAGE DR

City

WESTON

FL

Zip Code

33326

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 name and title 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

TITLE	D	<input type="checkbox"/> Delete
NAME	DE LIMA, HECTOR	
STREET ADDRESS	851 HERITAGE DRIVE	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DURANTE, MAURICIO	
STREET ADDRESS	6480 N.W. 109TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEONI, RAUL	
STREET ADDRESS	3668 SAN SIMEON CIRCLE	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALIM ABOUHAMAD	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	LUIS GUSTAVO PEREZ	
STREET ADDRESS	4773 NW 97 COURT	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	NESTOR ZINGON	
STREET ADDRESS	4773 NW 97 COURT	
CITY-ST-ZIP	MIAMI FL 33178	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUIS GUSTAVO PEREZ	
STREET ADDRESS	4773 NW 97 COURT	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NESTOR ZINGON	
STREET ADDRESS	4773 NW 97 COURT	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALIM ABOUHAMAD	
STREET ADDRESS	6965 NW 173 DR #1905	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIA GARCIA	
STREET ADDRESS	665 VISTA MEADO DR	
CITY-ST-ZIP	WESTON FL 33327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

02/15/01

Date

Daytime Phone #

CR2E034 (10/00)

0505687