

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000058897

1. Entity Name

LES TUILERIES INVESTMENTS INC.

Principal Place of Business  
1000 SEMINOLE DRIVE  
FORT LAUDERDALE, FL  
33304

Mailing Address  
1000 SEMINOLE DRIVE  
FORT LAUDERDALE, FL  
33304

2. Principal Place of Business  
1000 SEMINOLE DRIVE

3. Mailing Address  
1000 SEMINOLE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
FORT LAUDERDALE, FL

City & State  
FORT LAUDERDALE, FL

4. FEI Number 52-2252546

Applied For  
Not Applicable

Zip  
33304

Country  
USA

Zip  
33304

Country  
USA

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

553258

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

NATIONAELCORPORATE RESEARCH, LTD, INC.  
1406 HAYS STREET, SUITE #2  
TALLAHASSEE, FL 32301

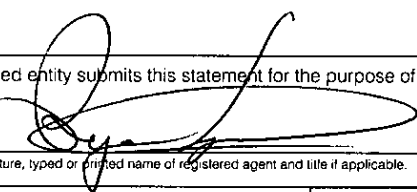
Name  
REJEAN LAPIERRE

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

7800 W. OAKLAND PARK BLVD. BLDG. "G"

City SUNRISE FL Zip Code 33351

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 

REJEAN LAPIERRE

4/20/01

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 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
P  
CABANETTES, CHRISTIAN  
852 NW 111 AVENUE  
PLANTATION, FL 33324

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
VP  
PEREZ, GERARD  
852 NW 111 AVENUE  
PLANTATION, FL 33324

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
T  
AMARAL, ELISABETE  
842 NW 111 AVENUE  
PLANTATION, FL 33324

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
S  
PEREZ, VERA SOPHIA  
852 NW 111 AVENUE  
PLANTATION, FL 33324

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

4/25/01

Date

(954) 568-3876

Daytime Phone #

CR2E034 (11/00)