

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**  
 05-19-2002 90044 024 \*\*\*150.00

**DOCUMENT # P00000058897**

**1. Entity Name**  
**LES TUILERIES INVESTMENTS INC.**

**Principal Place of Business**  
**1000 SEMENALE DRIVE**  
**FORT LAUDERDALE FL 33304**

**Mailing Address**  
**1000 SEMENALE DRIVE**  
**FORT LAUDERDALE FL 33304**

**2. Principal Place of Business**  
**1000 SEMINOLE DRIVE**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**1000 SEMINOLE DRIVE**  
 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**

**Zip**

**33304**

**Country**

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

**6. Name and Address of Current Registered Agent**

**LAPIERRE, REJEAN**  
**7800 W. OAKLAND BLVD.**  
**BLDG. "C"**  
**SUNRISE FL 33351**

**7. Name and Address of New Registered Agent**

**Name**

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

**BLDG. "G" NOT "C"**

**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.**

**SIGNATURE** \_\_\_\_\_ (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, 2002 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**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>CABANETTES, CHRISTIAN</b>	
<b>STREET ADDRESS</b>	<b>852 NW 111TH AVENUE</b>	
<b>CITY-ST-ZIP</b>	<b>PLANTATION FL 33324</b>	
<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>PEREZ, GERARD</b>	
<b>STREET ADDRESS</b>	<b>852 NW 111TH AVENUE</b>	
<b>CITY-ST-ZIP</b>	<b>PLANTATION FL 33324</b>	
<b>TITLE</b>	<b>T</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>AMARAL, ELISABETE</b>	
<b>STREET ADDRESS</b>	<b>842 NW 111TH AVENUE</b>	
<b>CITY-ST-ZIP</b>	<b>PLANTATION FL 33324</b>	
<b>TITLE</b>	<b>S</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>PEREZ, VERA SOPHIA</b>	
<b>STREET ADDRESS</b>	<b>852 NW 111TH AVENUE</b>	
<b>CITY-ST-ZIP</b>	<b>PLANTATION FL 33324</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>834 not 852</b>	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>852 not 842</b>	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>834 not 852</b>	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** CHRISTIAN CABANETTES **Res 3/14/02 954-557-3876**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)