

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90758 027 \*\*\*150.00

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-2252546**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

**TORCHIN, DAVID**

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

**8211 West Broward, suite 200**

**Plantation**

City

**FL**

Zip Code

**33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CABANETTES, CHRISTIAN</b>	
STREET ADDRESS	<b>852 NW 111TH AVENUE</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>PEREZ, GERARD</b>	
STREET ADDRESS	<b>834 NW 111TH AVENUE</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>AMARAL, ELISABETE</b>	
STREET ADDRESS	<b>852 NW 111TH AVENUE</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>PEREZ, VERA SOPHIA</b>	
STREET ADDRESS	<b>834 NW 111TH AVENUE</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CABANETTES, CHRISTIAN</b>	
STREET ADDRESS	<b>8999 SW 52nd Str.</b>	
CITY-ST-ZIP	<b>Cooper City - FL 33328</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEREZ, GERARD</b>	
STREET ADDRESS	<b>5985 BUENA VISTA COURT</b>	
CITY-ST-ZIP	<b>Boca Raton - FL 33433</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMARAL, ELISABETE</b>	
STREET ADDRESS	<b>8999 S.W. 52nd Str.</b>	
CITY-ST-ZIP	<b>Cooper City - FL 33328</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEREZ, VERA SOPHIA</b>	
STREET ADDRESS	<b>5985 Buena Vista Court</b>	
CITY-ST-ZIP	<b>Boca Raton - FL 33433</b>	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE RECEIVED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**CABANETTES, CHRISTIAN 04-11-03**

**(954) 587-3876**

CR2E034 (10/02)

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