

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90175 011 \*\*\*150.00

**DOCUMENT # P00000106408**

1. Entity Name

LA RESPECTABLE LOGE LA LUMIERE, INC.



Principal Place of Business

9459 SW 168TH STREET  
MIAMI FL 33157

Mailing Address

9459 SW 168TH STREET  
MIAMI FL 33157

2. Principal Place of Business

*SAME AS ABOVE*

3. Mailing Address

*SAME AS ABOVE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1058090

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

RAMEAU, HUBERT L  
8731 S.W. 200 TERRACE  
MIAMI FL 33189-1927

7. Name and Address of New Registered Agent

Name *RIGAUD, Jessie J*  
Street Address (P.O. Box Number is Not Acceptable)  
*10351 S.W. 15 PL #66*  
*Miami, FL 33196*  
City *Florida* FL Zip Code *33196*

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: *Jessie J Rigaud*  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	WM	<input type="checkbox"/> Delete
NAME	RAMEAU, HUBERT L	
STREET ADDRESS	8731 SW 200 TERRACE	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	SW	<input type="checkbox"/> Delete
NAME	RIGAUD, JESSIE J	
STREET ADDRESS	10351 SW 15 PL #66	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	JW	<input checked="" type="checkbox"/> Delete
NAME	CLAUDE, CAROLE T	
STREET ADDRESS	11330 SW 153 STREET	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	SL	<input type="checkbox"/> Delete
NAME	BRICE, CHARLES	
STREET ADDRESS	16163 SW 108 CT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROLAND, FRANCOIS	
STREET ADDRESS	8731 SW 200 TERR	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LOUIS, CAMILLE J	
STREET ADDRESS	8645 SW 152 AVE UNIT #168	
CITY-ST-ZIP	MIAMI FL 33193	

TITLE	WM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGAUD, Jessie J	
STREET ADDRESS	10351 S.W. 15 PL #66	
CITY-ST-ZIP	Miami, FL 33196	
TITLE	SW	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roland Francois P	
STREET ADDRESS	10135 S.W. 144 PL	
CITY-ST-ZIP	Miami, FL 33196	
TITLE	JW	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Chantal	
STREET ADDRESS	15660 S.W. 82 Circle LN #610	
CITY-ST-ZIP	Miami, FL 33193	
TITLE	SL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brice, Charles	
STREET ADDRESS	16163 S.W. 108 ct	
CITY-ST-ZIP	Miami, FL 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rameau, Hubert L.	
STREET ADDRESS	8731 S.W. 200 Terr. Miami, FL 33189	
CITY-ST-ZIP		

CR2E034 (10/02)

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: *Jessie J Rigaud* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/03/03*

*305-386-2067*

Date

Daytime Phone #