

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 14 AM 11:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000049462

1. Entity Name
L'ENTRAIDE, INC.

Principal Place of Business

Mailing Address

14040 BISCAYNE BLVD. #603
MIAMI FL 33181

14040 BISCAYNE BLVD. #603
MIAMI FL 33181

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

651110273 06041242

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAPID CORPORATE SUPPLIES, INC.
17100 NE. 19TH AVENUE
NORTH MIAMI BEACH FL 33162

Name

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

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	PARIS, HUBERT	
STREET ADDRESS	14040 BISCAYNE BLVD. #603	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAZLE, GERTHY	
STREET ADDRESS	14040 BISCAYNE BLVD. #603	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowerer.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/15/02
Date

Daytime Phone #

CFR2034 (4/02)

75 10/14/02

MIAMI

08/15/2002

Attachment

#701000049462

TO : DIVISION OF CORPORATIONS

FROM : HUBERT PARRS
DENIR AIDE INC

SUBJECT : FEES

THE FORM HAS BEEN MAILED TO A WRONG ADDRESS;
REASON FOR WHICH I WAS LAZE TO SEND THE FEES.
HOWEVER THIS COMPANY IS NOT OPERATIVE; ^{SINCE SEPTEMBER} IT WILL BE
CLOSED SOON.

HAVE A NICE DAY!

HUBERT PARRS