

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 23, 2002 8:00 am
Secretary of State

06-23-2002 90504 025 ***150.00

DOCUMENT # P01000062242

1. Entity Name L'ETERNEL EST MON BERGER

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
333 W Palm Drive

3. Mailing Address
333 W Palm Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Florida City, FL

City & State
Florida City, FL

4. FEI Number
65-1124484

Applied For
Not Applicable

Zip 33034 **Country** Dade

Zip 33034 **Country** Dade

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Rollin Mirtille

Street Address (P.O. Box Number is Not Acceptable)
333 W Palm Drive

City Florida City **FL** **Zip Code** 33034

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 * *Rollin Mirtille*

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE PD
NAME Rollin Mirtille
STREET ADDRESS 333 W Palm Drive
CITY-ST-ZIP Florida City, FL 33034

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME Saintilus Dordolley
STREET ADDRESS 16244 SW 302th Street
CITY-ST-ZIP Leisure City, FL 33033

TITLE
NAME
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: * *Rollin Mirtille* **Rollin Mirtille**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/02

Date

(786) 897-1404

Daytime Phone #

CR2E034B (12/01)

Attachment

PO 1 000062242
118276

6/13/02

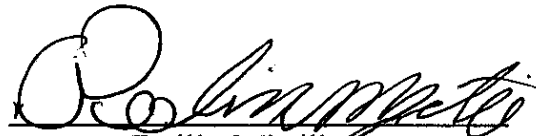
From: Rolin Mirtille
333 W Palm Drive
Florida City, FL 33034

To Whom It May Concern,

This letter is to ask you to waive the penalty fee for late filling due to the fact that I never receive the UBR form. Only on June 10, 2002 when I call the Department of Corporation, to find out the procedure to take one officer out of the corporation, that I was informed of the non-payment of the annual fee. I was told to write this letter that is why I am doing it. By the way, I just now change my address so I take this occasion to send my new address which is already above and also on the UBR form.

I hope this letter will help me on both request.

Sincerely yours,



Rollin Mirtille
President