

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

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90110 035 ***158.75

DOCUMENT # P100009452

1. Entity Name

LA VIE, INC.



DO NOT WRITE IN THIS SPACE

24044666

2. Principal Place of Business

6501 HARBOUR RD

3. Mailing Address

6501 HARBOUR RD -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

N. LAUD, FL.

City & State

N. LAUD FL.

4. FEI Number

65-1127315

Applied For

Not Applicable

Zip

33068

Country

BROWARD

Zip

33068

Country

BROWARD

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RONALD OLIVEIRE

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

6501 HARBOUR RD

City

N. LAUDERDALE

FL

Zip Code

33068

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

150.00
8.75
158.75

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P.
RONALD R. OLIVEIRE
6501 HARBOUR RD, N. LAUD, FL. 33068

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 12, 2004 (954) 913-1874

Date

Daytime Phone #

CR2E034B (12/02)