

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90253 049 ***150.00

DOCUMENT # P01000085252

1. Entity Name
BONJOUR LA VIE, INC.

Principal Place of Business

685 NE 126 STREET
MIAMI FL 33161

Mailing Address

685 NE 126 STREET
MIAMI FL 33161

2. Principal Place of Business

19431 NW 77 CT
 Suite, Apt. #, etc.

3. Mailing Address

SAME
 Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

N/A

Applied For

☒ **Not Applicable**

Zip

Country

Zip

Country

33015

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

6. Name and Address of Current Registered Agent

BON ACCOUNTING
685 NE 126 STREET
MIAMI FL 33161

7. Name and Address of New Registered Agent

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.

SIGNATURE HERVE BONY

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

| | | |
|-----------------------|--------------------------|---------------------------------|
| TITLE | PRESIDENT | <input type="checkbox"/> Delete |
| NAME | MAGUY JEAN LOUIS | |
| STREET ADDRESS | 19431 NW 77 COURT | |
| CITY-ST-ZIP | MIAMI FL 33015 | |
| TITLE | VICE - PRESIDENT | <input type="checkbox"/> Delete |
| NAME | FRITZ MONTINARD | |
| STREET ADDRESS | 19431 NW 77 COURT | |
| CITY-ST-ZIP | MIAMI FL 33015 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------------|--|---|
| 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 | | |
| 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 | | |

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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

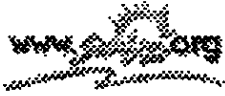
Date

Daytime Phone #

CR2E034 (9/01)

Attachment

119547



Division of Corporations

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: P01000085252

Tracking Number: 500005398455

The charge for your UBR is
\$150.00

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number/Pin Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the UBR, press the CONTINUE button below.

By pressing the CONTINUE button, your UBR will be placed in processing and no additional UBRs may be filed for this corporation until this one is processed.

Continue

[Sunbiz Home Page](#)

[Public Access Help](#)

Attachment

119547

BONJOUR LA VIE
19431 N.W. 77 Court
Miami, FL 33015

April 30, 2002

RE: P01000085252

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Attached, please find the check number 0335 for the amount of \$150.00 for filing fee for the Uniform Business Report (UBR).

I just filed the form electronically today. The tracking number is 500005398455. However it seems that the payment did not go through because I did not received any final acknowledgement. The tracking number mentioned above proved that I did the form electronically on the specific date mentioned. Therefore, I believe that it is not considered to be late.

If you did not received all information electronically, please, let me know because it is the first time I did it electronically. But I think if I received a tracking number, it means that all data went through. If you have any questions, or concerns, do not hesitate to call me at (954) 966-6680.

Sincerely,

Maguy Jean Louis

Enclosure (1)