

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90103 016 \*\*\*150.00

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

<b>DOCUMENT #</b> P01000102524			
1. Entity Name <b>LE RESCATORE, INC</b>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <b>P.O. BOX 12714</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State <b>FORT LAUDERDALE, FL</b>		City & State	
Zip <b>33312</b>	Country <b>USA</b>	Zip	Country
4. FEI Number <b>65-1147347</b>		Applied For <b>Not Applicable</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <b>PAUL V CLOUGH, P.A.</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>1860 N PINE ISLAND ROAD</b>			
<b>SUITE 104</b>			
City <b>PLANTATION</b>		FL	Zip Code <b>33322</b>
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 _____ 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. <input type="checkbox"/> (See criteria on back)		January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BAGOT, MARIE M P.O. BOX 12714 FORT LAUDERDALE, FL 33322	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BAGOT, JACQUES P.O. BOX 12714 FORT LAUDERDALE, FL 33322	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: <i>Marie M. Bagot</i>		4-29-02 (581) 750-8088	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	