

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

04-28-2003 90509 016 ***150.00

DOCUMENT # P02000014344

1. Entity Name
LA CUISINE INTERIORS, INC.



Principal Place of Business
12495 QUERCUS LANE

WEST PALM BEACH FL 33414

4906 S. Dixie Hwy.

Mailing Address

12495 QUERCUS LANE

WEST PALM BEACH FL 33414

2. Principal Place of Business

4906 S. Dixie Hwy.

Suite, Apt. #, etc.

A.

3. Mailing Address

12495 Quercus Ln.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES



City & State

West Palm Beach, FL

City & State

West Palm Beach

4. FEI Number

01-0607560

Applied For

Not Applicable

Zip

33405

Country

USA

Zip

33405

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VARGAS, MARIA SUSANA

12495 QUERCUS LANE

WEST PALM BEACH FL 33414

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Maria S. Vargas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME VARGAS, MARIA SUSANA
STREET ADDRESS 12495 QUERCUS LANE
CITY-ST-ZIP WEST PALM BEACH FL 33414

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria S. Vargas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

(561) 533-9888

Daytime Phone

CR2E034 (10/02)