


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

DOCUMENT # P-02000029583	
1. Entity Name LE GOURMET INC.	

FILED
03 OCT 29 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

03

2. Principal Place of Business 250 S. AUSTRALIAN AVE		3. Mailing Address 250 S. AUSTRALIAN AVE	
Suite, Apt. #, etc. SUITE 100		Suite, Apt. #, etc. SUITE 100	
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH	
Zip 33401	Country USA	Zip 33401	Country USA

DO NOT WRITE IN THIS SPACE

FEI Number 01-0640417	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name SHAIMA MURAOI	
Street Address (P.O. Box Number is Not Acceptable) 2421 VILLAGE BLVD #101	
City WEST PALM BEACH	FL Zip Code 33409

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

(NOTE: Registered Agent signature required when reinstating)

10/22/03

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

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

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT	NAME SHAIMA MURAOI	STREET ADDRESS 2421 VILLAGE BLVD #101	CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP
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TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP

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IN THIS SPACE**

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: **X** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

2H

**LE GOURMET, INC.
250 S. AUSTRALIAN AVE. STE 100
WEST PALM BEACH, FL. 33401**

OCTOBER 21,2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: LE GOURMET, INC.
FEIN NUMBER- 01-0640417
DOCUMENT NUMBER -P 02000029883

Dear Sir or Madam:

I am the President of LE GOURMET,Inc. Please be advised that the necessary renewal documents were never received by my office. The mailing address currently listed with the state is located in an area where the mail is not reliable. I have enclosed the renewal forms, a check in the amount of \$150 and have provided a better mailing address for the company so that this problem does not occur in the future again .Please make a note of the correct mailing address and adjust your records accordingly.

Based on the foregoing, I respectfully request that you please remove the late filing penalties and accept my renewal form. Your help and understanding in this matter would be greatly appreciated.

Sincerely,



Sharma Muradi
President

Enclosures