

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90538 004 ***150.00

DOCUMENT # P02000055205

1. Entity Name
L.B.R.O. CORP



Principal Place of Business
2606 SAN ANDROS
W PALM BCH FL 33411

Mailing Address
2606 SAN ANDROS
W PALM BCH FL 33411



2. Principal Place of Business

205 WORTH AVENUE

3. Mailing Address

205 WORTH AVENUE

Suite, Apt. #, etc.

307C

Suite, Apt. #, etc.

307C

☐ CHECK HERE IF MAKING CHANGES

City & State

PALM BEACH FL

City & State

PALM BEACH FL

4. FEI Number

65-1119977

Applied For

Not Applicable

Zip

33480

Country

PALM BEACH

Zip

33480

Country

PALM BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEDUC, REJEAN
1001 N FEDERAL HWY STE 202
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name PHILIPPE BRIAN

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

205 WORTH AVENUE #307C

City PALM BEACH

FL

Zip Code 33480

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 *Philippe Brian*

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

(NOTE: Registered Agent signature required when reinstating)

01-15-03

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 DPST ☒ Delete
NAME PREVAL, MARIE-CLAIRE
STREET ADDRESS 2606 SAN ANDROS
CITY-ST-ZIP W PALM BCH FL 33411

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME D/P
STREET ADDRESS LUIS FELIPE BENITA
CITY-ST-ZIP 50 RUE MAURICE RIPOLHE
PARIS 75014 FRANCE

TITLE ☐ Change ☒ Addition
NAME D/T
STREET ADDRESS EVELYNE BENITA
CITY-ST-ZIP 50 RUE MAURICE RIPOLHE
PARIS 75014 FRANCE

TITLE ☐ Change ☒ Addition
NAME S
STREET ADDRESS PHILIPPE BRIAN
CITY-ST-ZIP 205 WORTH AVENUE #307C
PALM BEACH FL 33480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *STANLEY B. REYNOLDS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23-03 (561) 835 1111

Date

Daytime Phone #

CR2E034 (10/02)