


FILED
Aug 05, 2003 8:00 am
Secretary of State

04-07-2003 90146 029 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

4/7

DOCUMENT # P02000096513
 1. Entity Name
LE BON CAFE, INC.



Principal Place of Business
802 E NEW HAVEN AVE
MELBOURNE FL 32901

Mailing Address
802 E NEW HAVEN AVE
MELBOURNE FL 32901

55053254

00000000



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CORPORATE SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$160.00
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		<input type="checkbox"/> Delete
TITLE	D	
NAME	JARMAN, YASMIN	
STREET ADDRESS	802 E NEW HAVEN AVE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	
NAME	GRAY, KYOUKO	
STREET ADDRESS	802 E NEW HAVEN AVE	
CITY-ST-ZIP	MELBOURNE FL 32901	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
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			

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

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

LE BON CAFE, INC.
802 EAST NEW HAVEN AVENUE
MELBOURNE, FL 32901
(321) 725-2600

55053254

#P02000094513

July 10, 2003

FLORIDA DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
PO BOX 1500
TALLAHASSEE, FL 32302-1500

GENTLEMAN:

RE: P02000096513

WE HAVE RECEIVED YOUR 60 DAY NOTICE ON OUR 2003 "UBR". THIS REPORT WAS FILED AND OUR CHECK NUMBER 1125 WAS MAILED TO YOUR OFFICE IN APRIL.

WE ARE ENCLOSING A COPY OF THE CANCELED CHECK ALONG WITH A SIGNED COPY OF THE 2003 "UBR". WOULD YOU PLEASE ADJUST YOUR RECORDS TO SHOW THAT OUR CORPORATION IS IN GOOD STANDING WITH YOUR OFFICE.

THANK YOU.

YASMIN JARMIN
ENC.

