

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90660 016 \*\*\*150.00

0191468 AV

**DOCUMENT # P93000072832**

1. Entity Name

**LE PIERRE IMPORT & EXPORT, INC.**

Principal Place of Business

~~9004 NW 72ND AVENUE~~  
MIAMI FL 33122  
US

Mailing Address

~~3004 NW 72ND AVENUE~~  
MIAMI FL 33122  
US

2. Principal Place of Business

**7331 NW 34ST**

Suite, Apt. #, etc.

3. Mailing Address

**7331 NW 34ST**

Suite, Apt. #, etc.

City & State

**MIAMI FL**

Zip

**33122**

Country

City & State

**MIAMI FL**

Zip

**33122**

Country

4. FEI Number

**65-0443010**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HACHAR, ANTONIO**

~~3004 NW 72ND AVENUE~~

**MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name **HACHAR, ANTONIO**

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

**7331 NW 34ST**

City

**MIAMI**

FL

Zip Code

**33122**

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.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>HACHAR, J F</b>	
STREET ADDRESS	<del>3006 NW 72 AVE</del>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	<b>HACHAR, ANTONIO</b>	
STREET ADDRESS	<del>3006 NW 72 AV</del>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>HACHAR, PIERRE</b>	
STREET ADDRESS	<del>3006 NW 72ND AVE</del>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>7331 NW 34ST</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>7331 NW 34ST</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>7331 NW 34ST</b>	
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		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/02**

Date

Daytime Phone #

CR2E034 (9/01)