

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90097 003 ***150.00

DOCUMENT # **P93000072832**



1. Entity Name
LE PIERRE IMPORT & EXPORT, INC.

Principal Place of Business

~~7331 NW 34TH STREET~~
~~MIAMI FL 33122~~
US

Mailing Address

~~7331 NW 34TH STREET~~
~~MIAMI FL 33122~~
US



2. Principal Place of Business

8055 W 23 AVENUE

3. Mailing Address

8055 W 23 AVE

Suite, Apt. #, etc.

B-5

Suite, Apt. #, etc.

B-5

CHECK HERE IF MAKING CHANGES

City & State

HIALEAH, FL

City & State

HIALEAH, FL

4. FEI Number

65-0443010

Applied For

Not Applicable

Zip

33016

Country

USA

Zip

33016

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HACHAR, ANTONIO
~~7331 NW 34TH STREET~~
~~MIAMI FL 33122~~

7. Name and Address of New Registered Agent

Name **ANTONIO HACHAR**
Street Address (P.O. Box Number is Not Acceptable)
8055 W 23 AVE
City **HIALEAH** FL Zip Code **33016**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/10/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input type="checkbox"/> Delete
NAME	HACHAR, J F	
STREET ADDRESS	7331 NW 34TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HACHAR, ANTONIO	
STREET ADDRESS	7331 NE 34TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HACHAR, PIERRE	
STREET ADDRESS	7331 NW 34TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01/10/03** Daytime Phone # **305 826 2065**

CR2E034 (10/02)