

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90079 045 \*\*\*150.00

**DOCUMENT # P93000080431**

**1. Entity Name**  
**LA BELLE VIE FRENCH BAKERY, INC.**

**Principal Place of Business** **Mailing Address**  
~~7370 RED RD.~~ **13611 S. DIXIE HWY #110** ~~7370 RED RD.~~ **13611 S. DIXIE HWY #110**  
~~S. MIAMI FL 33143~~ **MIAMI, FL 33176** ~~S. MIAMI FL 33143~~ **MIAMI, FL 33176**



**2. Principal Place of Business** **3. Mailing Address**  
**13611 S. DIXIE HWY** **Same**  
**Suite, Apt. #, etc.** **Suite, Apt. #, etc.**  
**# 110**  
**City & State** **City & State**  
**MIAMI FL**  
**Zip** **Country** **Zip** **Country**  
**33176** **DADE** **USA**

DO NOT WRITE IN THIS SPACE

**4. FEI Number** **65-0459158** **Applied For**  
**Not Applicable**  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent** **7. Name and Address of New Registered Agent**  
**LUCAS, CHRISTIAN** **Name** **(Same)**  
~~7370 RED RD.~~ **13611 S. DIXIE HWY #110** **Street Address (P.O. Box Number is Not Acceptable)**  
~~S. MIAMI FL 33143~~ **13611 S. DIXIE HWY #110**  
**City** **FL** **Zip Code**  
**MIAMI** **33176**

**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** **CHRISTIAN LUCAS** **S. LUCAS** **2/14/02**  
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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, CHRISTIAN		NAME	LUCAS CHRISTIAN	
STREET ADDRESS	<del>7370 RED RD.</del>		STREET ADDRESS	13611 S. DIXIE HWY #110	
CITY-ST-ZIP	<del>S. MIAMI FL 33143</del>		CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** **S. LUCAS** **2/14/02** **305-232-1751**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)