

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90104 042 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000080431

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



Principal Place of Business
**13611 S DIXIE HWY #110
MIAMI, FL 33176**

Mailing Address
**13611 S DIXIE HWY #110
MIAMI, FL 33176**

2. Principal Place of Business

905 BRICKELL BAY DR.

3. Mailing Address

905 BRICKELL BAY DR.

Suite, Apt. #, etc.

724

Suite, Apt. #, etc.

724

City & State

Miami

City & State

Miami

Zip
FL

Country

USA

Zip
FL

Country
USA



☐ CHECK HERE IF MAKING CHANGES

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

**LUCAS, CHRISTIAN
13611 S DIXIE HWY #110
MIAMI, FL 33176**

7. Name and Address of New Registered Agent

Name
CHRISTIAN LUCAS

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

905 BRICKELL BAY DR. APT. 724

City
Miami

FL

Zip Code
33131

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

X Lucas

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$650.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
LUCAS, CHRISTIAN
13611 S DIXIE HWY #110
MIAMI, FL 33176** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**905 BRICKELL BAY DR. APT. 724
MIAMI FL 33131** ☐ Change ☐ Addition

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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: *X Lucas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03

Date

Daytime Phone #

CR2E034 (10/02)