

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000078975

1. Entity Name

LE JOURNAL ECHO DE LA FLORIDE, CORP.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90043 027 ***158.75

Principal Place of Business

Mailing Address

315 JOHNSON ST
HOLLYWOOD FL 33019
US

2462 PIERCE ST APT 2
HOLLYWOOD FL 33020-4369
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0528392

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

LESSARD, JACQUELINE
2462 PIERCE ST APT 2
HOLLYWOOD FL 33020

Name

LESSARD, NATHALIE

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

3401 NW 47th AVE #V401

City

LAUDERDALE LAKES

FL

Zip Code

33319

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

JACQUELINE LESSARD, PRESIDENT

NATHALIE LESSARD V. PRES

05/14/2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME LESSARD, JACQUELINE
STREET ADDRESS 2462 PIERCE ST APT 2
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE VICE - PRESIDENT ☐ Change ☒ Addition
NAME NATHALIE LESSARD
STREET ADDRESS 3401 NW 47th AVE #V401
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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

JACQUELINE LESSARD, PRES

Date

05/14/2000 (954)

Daytime Phone

NATHALIE LESSARD V. PRES.

CR2E034 (9/99)