

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000078975

1. Entity Name

LE JOURNAL ECHO DE LA FLORIDE, CORP.

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90083 016 ***150.00

Principal Place of Business

315 JOHNSON ST
HOLLYWOOD FL 33019
US

Mailing Address

2462 PIERCE ST APT 2
HOLLYWOOD FL 33020
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3800 S. Ocean Drive

Suite # 1424

HOLLYWOOD FL

33019

US



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, NATHALIE
3401 NW 47TH AVE #V401
FORT LAUDERDALE FL 33319

CHANGE OF
ADDRESS

Name

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

381 S. HOLLYBROOK DR #304

City

PEMBROKE PINES

FL

Zip Code

33025

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, 2001 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 VP ☐ Delete
NAME LESSARD, NATHALIE
STREET ADDRESS 3401 NW 47TH AVE #V401
CITY-ST-ZIP FORT LAUDERDALE FL 33319

TITLE ☒ Change ☐ Addition
NAME ADDRESS
STREET ADDRESS 381 S. HOLLYBROOK DR #304
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (10/00)