_	
۶	2
÷	-
Ų	R
ĕ	٧
¢	9

FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 18, 2001 8:00 am Secretary of State DOCUMENT # **P94000091654** 1. Entity Name 05-18-2001 90016 041 ***150.00 C'EST LA TEE, INC. Principal Place of Business Mailing Address 10170 N.W. 24TH COURT 10170 N.W. 24TH COURT 876010 SUNRISE FL 33322 SUNRISE FL 33322 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0542681 Not Applicable Zip Country -. Zip ^ _Country \$8.75 Additional 5. Certificate of Status Desired - -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIEGEL, ROBERT Street Address (P.O. Box Number is Not Acceptable) 10170 N.W. 24 COURT SUNRISE FL 33322 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. □ Change ☐ Addition TITLE ☐ Delete TITLE NAME SIEGEL, ROBERT NAME STREET ADDRESS STREET ADDRESS 10170 N.W. 24TH COURT CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL ☐ Change TITLE ☐ Delete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE : Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 attached the component of the corporation of the corpo

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

994-74-6748 Daytime Phone # CR2E034 (10/00)