

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90035 024 ***150.00

DOCUMENT # P95000053888

1. Entity Name
LE JEUNE HOLDINGS, INC.

Principal Place of Business

~~660 N.W. 105 STREET RD.~~
~~SUITE 311~~
~~MIAMI FL 33169~~

Mailing Address

~~660 N.W. 105 STREET RD.~~
~~SUITE 311~~
~~MIAMI FL 33169~~

2. Principal Place of Business

1380 NE Miami Gardens Drive

Suite, Apt. #, etc.
Suite 250

City & State
North Miami Beach, FL

Zip
33179

Country
USA

3. Mailing Address

(same)

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0601089**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

STEIN, LINDA
~~660 N.W. 105 ST. ROAD~~
~~SUITE 311~~
~~MIAMI FL 33169~~

7. Name and Address of New Registered Agent

Name **Linda Stein**
 Street Address (P.O. Box Number is Not Acceptable)
1380 NE Miami Gardens Drive
Suite 250
 City **North Miami Beach FL** Zip Code **33179**

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 **(305) 940-5046**
 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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRAYND, PAUL	
STREET ADDRESS	660 N.W. 105 STREET RD., #311	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FRAYND, LINDA STEIN	
STREET ADDRESS	660 N.W. 105 STREET RD., #311	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1380 NE Miami Gardens Drive, #250	
CITY-ST-ZIP	North Miami Beach, FL 33179	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1380 NE Miami Gardens Drive #250	
CITY-ST-ZIP	North Miami Beach, FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **(305) 940-5046**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E00 (9/01)