


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90991 015 ***150.00

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

DOCUMENT # P96000030305
 1. Entity Name **BELLE DU SOIREE, INC.**
 3500 MYSTIC POINTE DR LPH2
 AVENTURA, FL. 33180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 3500 MYSTIC POINTE DR LPH 2
 Suite, Apt. #, etc.
 LPH 2

3. Mailing Address
 3500 MYSTIC POINTE DE LPH 2
 Suite, Apt. #, etc.
 LPH 2

DO NOT WRITE IN THIS SPACE

City & State AVENTURA, FL.		City & State AVENTURA, FL.		4. FEI Number 65-0673086	Applied For Not Applicable
Zip 33180	Country US	Zip 33180	Country US	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **AUSTIN, MARIA C**
 Street Address (P.O. Box Number is Not Acceptable)
3500 MYSTIC POINTE DR
LPH 2
 City **AVENTURA** **FL** Zip Code **33180**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

January 1 - May 1 Fee is \$150.00
 After May 1 Fee is \$350.00
 Amended UBR is \$61.25
 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	P AUSTIN, MARIA C 3500 MYSTIC POINTE DR LPH2 AVENTURA, FL. 33180
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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 on an attachment with an address, with authority empowered.

SIGNATURE: _____ Date: **4-28-03** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)