

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000039004

1. Entity Name  
LA BONTE', INC.

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90094 025 \*\*\*150.00

Principal Place of Business  
9501 ARLINGTON EXPRESSWAY  
#500  
JACKSONVILLE FL 32225  
US

Mailing Address  
9501 ARLINGTON EXPRESSWAY  
#500  
JACKSONVILLE FL 32225  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3371153**

Applied For  
Not Applicable

Zip Country

Zip Country

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

OUM, JAE K  
128 TWELVE OAKS LN  
PONTE VEDRA BEACH FL 32082

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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 \_\_\_\_\_  
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. ☐

**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 DVS  
NAME OUM, JAE K  
STREET ADDRESS 128 TWELVE OAKS LN  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DPT  
NAME OUM, JUMI  
STREET ADDRESS 128 TWELVE OAKS LN  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

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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 another like empowered.

SIGNATURE: *Jae K. Oum* 4/11/01 (904) 855-0588  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)