

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014263

1. Entity Name

L'ATELIER GASTRONOMIQUE, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90054 016 ***150.00

Principal Place of Business

90 EDGEWATER DRIVE
SUITE 408
MIAMI FL 33133

Mailing Address

90 EDGEWATER DRIVE
SUITE 408
MIAMI FL 33133-6915

2. Principal Place of Business

90 EDGEWATER DR

3. Mailing Address

90 EDGEWATER DR

Suite, Apt., etc.

Suite 302

Suite, Apt., etc.

Suite 302

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

Zip

33133

Country

DADE

Zip

33133

Country

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0811858

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

OLIVIER FLAMANT

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

90 EDGEWATER DR. #302

City

CORAL GABLES FL 33133

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

2/15/00

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, 2000 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 - NAME	V GRANDON, CAROLE	<input type="checkbox"/> Delete
STREET ADDRESS	90 EDGEWATER DR #408	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE - NAME	PSTD FLAMANT, OLIVER	<input type="checkbox"/> Delete
STREET ADDRESS	90 EDGEWATER DR #408	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE - NAME	V FLAMANT CAROLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	90 Edgewater Dr. #302	
CITY - ST - ZIP	Coral Gables, FL 33133	
TITLE - NAME	PSTD FLAMANT OLIVER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	90 Edgewater Dr. #302	
CITY - ST - ZIP	Coral Gables, FL 33133	
TITLE - NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE - NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE - NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 authority, if so empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/15/00

CR2E034 (9/99)