

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

CORPORATION

DOCUMENT # P98000014263

1. Entity Name
L'ATELIER GASTRONOMIQUE, INC.

02-26-2002 90040 009 ***150.00

Principal Place of Business

**90 EDGEWATER DRIVE
 SUITE 302
 CORAL GABLES FL 33133**

Mailing Address

**90 EDGEWATER DRIVE
 SUITE 302
 CORAL GABLES FL 33133**



2. Principal Place of Business

90 EDGEWATER DR.

Suite, Apt. #, etc.
701

City & State
CORAL GABLES, FL

Zip
33133

Country
USA

3. Mailing Address

90 EDGEWATER DR.

Suite, Apt. #, etc.
701

City & State
CORAL GABLES, FL

Zip
33133

Country
USA

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

**FLAMANT, OLIVIER
 90 EDGE WATER DR. #302
 CORAL GABLES FL 33133**

7. Name and Address of New Registered Agent

Name **FLAMANT OLIVIER**
 Street Address (P.O. Box Number is Not Acceptable)
**90 EDGEWATER DR.
 SUITE #701**
 City **CORAL GABLES FL** Zip Code **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	V	<input type="checkbox"/> Delete
NAME	FLAMANT, CAROLE	
STREET ADDRESS	90 EDGE WATER DR. #302	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	FLAMANT, OLIVIER	
STREET ADDRESS	90 EDGE WATER DR, #302	
CITY-ST-ZIP	CORAL GABLES FL 33133	
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 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		
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: **SIGNATURE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/02
 Date

3056652241
 Daytime Phone #

CR2E034 (9/01)