

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081188

1. Entity Name

LE GRIOT RESTAURANT, INC.

Principal Place of Business

Mailing Address

975 NE 125TH STREET  
N MIAMI FL 33161

17935 NE 9TH PLACE  
N MIAMI BEACH FL 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHARLES, JOSUE ASTREL  
17935 NORTHEAST 9TH PLACE  
NORTH MIAMI BEACH FL 33162

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 of the current 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 P  
NAME BLANC, MARIE JOSUE  
STREET ADDRESS 19510 NORTHWEST 7TH AVENUE  
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE VP  
NAME BLANC, RENEE  
STREET ADDRESS 19510 NORTHWEST 7TH AVE.  
CITY-ST-ZIP MIAMI FL 33169 ☒ Delete

TITLE ST  
NAME MANIGAT, HUGUETTE J  
STREET ADDRESS 19510 NORTHWEST 7TH AVE.  
CITY-ST-ZIP MIAMI FL 33169 ☒ Delete

TITLE M  
NAME JOSUE, ASTREL C  
STREET ADDRESS 17935 NE 9TH PL  
CITY-ST-ZIP N MIAMI BEACH FL 33162 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE P  
NAME JOSUE, ASTREL C  
STREET ADDRESS 17935 NE 9TH PL  
CITY-ST-ZIP N MIAMI BCH FL 33162 ☒ Change ☐ Addition

TITLE VP  
NAME BLANC, MARIE JOSUE  
STREET ADDRESS 19510 NW 7 AVE  
CITY-ST-ZIP MIAMI, FL 33169 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-01-00

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 28 AM 8:15



DO NOT WRITE IN THIS SPACE

CR2E000 (5/00)