

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90015 015 ***150.00

0272513

DOCUMENT # P98000100428

1. Entity Name

LE GOURMET OF PARIS, INC.

Principal Place of Business

**1669 SALERNO CIR.
 WESTON FL 33327**

Mailing Address

**1669 SALERNO CIR.
 WESTON FL 33327**

2. Principal Place of Business

1590 SW 22nd Street

Suite, Apt. #, etc.

3. Mailing Address

1590 SW 22nd Street

Suite, Apt. #, etc.

City & State

Miami, FLORIDA

Zip

33145

Country

FLORIDA

City & State

Miami, FLORIDA

Zip

33145

Country

FLORIDA

4. FEI Number

65-0605437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RIOBUENO, LUIS A
 4230 SW 8TH ST.
 MIAMI FL 33134**

7. Name and Address of New Registered Agent

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.
 (See criteria on back) ☒

**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

TITLE **P** ☐ Delete
 NAME **RIOBUENO, LUIS A**
 STREET ADDRESS **4230 SW 8TH ST.**
 CITY-ST-ZIP **MIAMI FL 33134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT.** ☒ Change ☐ Addition
 NAME **RioBueno, Luis A**
 STREET ADDRESS **1669-Salerno Circle**
 CITY-ST-ZIP **Weston, FLORIDA 33134**

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

RioBueno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 854-9890

CR2E034 (10/00)