

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90022 024 ***558.75

DOCUMENT # P99000011213

1. Entity Name

BOTANICA LA BELLE DEESSE DEREALE, INC.

Principal Place of Business

**8009 NE 2ND AVE
 MIAMI FL 33138**

Mailing Address

**8009 NE 2ND AVE
 MIAMI FL 33138**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0933101

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CELESTIN, MAUDE
 8009 NE 2ND AVE
 MIAMI FL 33138**

7. Name and Address of New Registered Agent

Name

ROLANBA VILSAINT

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

1843 SW 19 AVE

City

DAVIE

FL

Zip Code

33326

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

President

(NOTE: Registered Agent signature required when reinstating)

7-17-01

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 12, 2001 Fee 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

TITLE **P** ☐ Delete
 NAME **CELESTIN, MAUDE**
 STREET ADDRESS **8009 NE 2ND AVE**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE **V** ☐ Delete
 NAME **LAHENS, YVES**
 STREET ADDRESS **8009 NE 2ND AVE**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE **S** ☐ Delete
 NAME **VILSAINT, ROLANDA**
 STREET ADDRESS **8009 NE 2ND AVE**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **OWNER** ☒ Change ☐ Addition
 NAME **MAUDE celestin**
 STREET ADDRESS **8009 NE 2ND AVE**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **Jefferson Delorme**
 STREET ADDRESS **1543 SW 19 AVE**
 CITY-ST-ZIP **DAVIE FL 33326**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **Rolanda Vilsaint**
 STREET ADDRESS **1543 SW 19 AVE DAVIE FL**
 CITY-ST-ZIP **33326**

TITLE **TREASURY** ☒ Change ☐ Addition
 NAME **YVES LAHENS**
 STREET ADDRESS **8009 NE 2ND AVE**
 CITY-ST-ZIP **MIAMI FL 33138**

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

TITLE ☐ Change ☐ 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:

ROLANBA VILSAINT

Date

Daytime Phone #

7-17-01 7045770924

CR20034 (5/01)