

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037752

1. Entity Name  
LE JARDIN, INC.Principal Place of Business  
1831 W STATE ROAD 434  
LONGWOOD FL 32750Mailing Address  
1831 W STATE ROAD 434  
LONGWOOD FL 327502. Principal Place of Business  
1960 Downs Court3. Mailing Address  
1960 Downs Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Lake Mary, FL 32746City & State  
Lake Mary, FL 32746

Zip 32746 Country U.S.A.

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FILED  
Mar 30, 2001 8:00 am  
Secretary of State

03-30-2001 90344 016 \*\*\*150.00

0049838



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

SCHOLIN, CHRISTIAN N  
505 S FLAGLER DR STE 1001  
WEST PALM BEACH FL 33401

## 7. Name and Address of New Registered Agent

Name Christian N. Scholin, Esq.

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

505 South Flagler Drive

Suite 400

City West Palm Beach

FL Zip Code 33401

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

3/22/01

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 State10. Election Campaign Financing:  \$5.00 May Be  
Trust Fund Contribution.  Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME BENAISSA, AMAL  
STREET ADDRESS 1831 W STATE ROAD 434  
CITY-ST-ZIP LONGWOOD FL 32750 DeleteTITLE D, P, VP, TS  
NAME Chakib Benomar  
STREET ADDRESS 1960 Downs Court  
CITY-ST-ZIP Lake Mary, FL 32746 Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
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

Chakib Benomar

3/27/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)