

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037752

1. Entity Name
LE JARDIN, INC.

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

03-30-2001 90344 016 ***150.00

Principal Place of Business
1831 W STATE ROAD 434
LONGWOOD FL 32750

Mailing Address
1831 W STATE ROAD 434
LONGWOOD FL 32750

2. Principal Place of Business
1960 Downs Court

3. Mailing Address
1960 Downs Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lake Mary, FL 32746

City & State
Lake Mary, FL 32746

4. FEI Number **59-3572944**

Applied For
Not Applicable

Zip Country
32746 U.S.A.

Zip Country
32746 U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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, Esqr
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 State

10. Election Campaign Financing. Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **BENAISSA, AMAL**
STREET ADDRESS **1831 W STATE ROAD 434**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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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 **D, P, VP, TS** ☐ Change ☒ Addition
NAME **Chakib Benomar**
STREET ADDRESS **1960 Downs Court**
CITY-ST-ZIP **Lake Mary, FL 32746**

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

TITLE ☐ Change ☐ Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chakib Benomar

3/27/01

Date

Daytime Phone #

CR2E034 (10/00)

0048838