

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91158 011 ***150.00

DOCUMENT # P99000054363

1. Entity Name
LE MAGASIN ENTERPRISES, INC.

Principal Place of Business

**1850 N.W. 42ND AVENUE
 MIAMI FL 33126**

Mailing Address

**1850 N.W. 42ND AVENUE
 MIAMI FL 33126**

2. Principal Place of Business

5 OUIEDO AVE

Suite, Apt. #, etc.

3. Mailing Address

5 OUIEDO AVE

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0933349

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

TEIXEIRA, ELENA

**1850 N.W. 42ND AVENUE
 MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name

TEIXEIRA, ELENA

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

5 OUIEDO AVE

City

CORAL GABLES

FL

Zip Code

33134

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

4-25-02

9. This corporation is eligible to satisfy its Intangible

- Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 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	PD	<input checked="" type="checkbox"/> Delete
NAME	TEIXEIRA, ELENA	
STREET ADDRESS	1850 N.W. 42ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TEIXEIRA, ELIZABETH	
STREET ADDRESS	1850 N.W. 42ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEIXEIRA, ELENA	
STREET ADDRESS	5 OUIEDO AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEIXEIRA, ELIZABETH	
STREET ADDRESS	5 OUIEDO AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELENA TEIXEIRA

4-25-02

Daytime Phone #

(305) 871-1942

CR2E034 (9/01)