

**FILED**  
**Jul 14, 2002 8:00 am**  
**Secretary of State**

07-14-2002 90049 001 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P99000062666

1. Entity Name

LES MAGES, INC.

Principal Place of Business  
5309 MADISON STREET  
HOLLYWOOD, FL 33021

Mailing Address  
SAME

2. Principal Place of Business  
5309 MADISON STREET

3. Mailing Address  
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
HOLLYWOOD FL

City & State

4. FEI Number  
65-0934201

Applied For  
Not Applicable

Zip  
33021

Country  
USA

Zip

Country

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

DO NOT WRITE IN THIS SPACE

80128950

**6. Name and Address of Current Registered Agent**

BENJAMIN, MURAT  
5309 MADISON STREET  
HOLLYWOOD, FL 33021

**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

PRESIDENT

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
BENJAMIN, MURAT  
5309 MADISON STREET  
HOLLYWOOD, FL 33021

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment  
B01289450

NATP MEMBER

**MFR & Associates**

Accounting & Tax Service

AICPA MEMBER

17012 NW 19<sup>th</sup> Street  
Pembroke Pines, FL 33028  
Tel (305) 742-5453  
Fax (954) 689-8934

July 8, 2002

FL Dept. of State  
FL Div. of Corp.

-RE: Les Mages, Inc.-  
Document No. P99000062666

Dear Sir or Madam:

I am writing to you on behalf of Les Mages, Inc., to request a waiver of penalties associated of this corporation. This request is based on the fact that this entity, our office or their attorney did not receive a preprinted form from the State. Enclosed please find a copy of the form we obtained from the internet and a check \$ 150.00. The company has made a good faith effort to meet the state's filing requirements.

I thank you in advance for your help,

Sincerely,



Manuel E. Fernandez  
Tax Advisor