

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088939

1. Entity Name

LA ROZELLE, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

04-24-2000 90052 001 ***150.00

Principal Place of Business

Mailing Address

% MARIE MATHURIN
2455 E. SUNRISE BLVD., SUITE ST7
FT. LAUDERDALE FL 33304

% MARIE MATHURIN
2455 E. SUNRISE BLVD., SUITE ST7
FT. LAUDERDALE FL 33304-3118

2. Principal Place of Business

2447 E. SUNRISE BLVD

Suite, Apt. #, etc.

3. Mailing Address

2447 E. SUNRISE BLVD

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

650952745

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIBBERD, BLAINE H ESQ.
320 SE 9TH ST.
FT. LAUDERDALE FL 33316

Name MARIE MATHURIN

Street Address (P.O. Box Number is Not Acceptable)
2447 E. SUNRISE BLVD

City FORT LAUD

FL

Zip Code 33304-3118

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

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11.

OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME MARIE MATHURIN
STREET ADDRESS 2447 E. SUNRISE BLVD
CITY-ST-ZIP FORT LAUD FL 33304

TITLE
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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 register 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)