

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000093972

FILED
Apr 23, 2002 8:00 AM
Secretary of State

Entity Name: L'ANATOMIE, INC.

Current Principal Place of Business:

5397 ORANGE DRIVE SUITE 206
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

5397 ORANGE DRIVE SUITE 206
DAVIE, FL 33314

New Mailing Address:

FEI Number: 65-0957190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GALOUSTIAN, GILLES C
Address: 5397 ORANGE DRIVE SUITE 206
City-St-Zip: DAVIE, FL 33314

Title: VD () Delete
Name: HEREROIU, LUMINITA D
Address: 5397 ORANGE DRIVE SUITE 206
City-St-Zip: DAVIE, FL 33314

Title: S () Delete
Name: GALOUSTIAN, GISELE
Address: 5397 ORANGE DRIVE SUITE 206
City-St-Zip: DAVIE, FL 33314

Title: T () Delete
Name: HERETOIU, BOGDAN
Address: 5397 ORANGE DRIVE SUITE 206
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GALOUSTIAN, GILLES C
Address: 5397 ORANGE DRIVE SUITE 206
City-St-Zip: DAVIE, FL 33314

Title: T (X) Change () Addition
Name: HERETOIU, LUMINITA D
Address: 5397 ORANGE DRIVE SUITE 206
City-St-Zip: DAVIE, FL 33314

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GILLES C GALOUSTIAN

PD

04/23/2002

Electronic Signature of Signing Officer or Director

Date