

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L000000015018

1. Entity Name

PRINCE DEVELOPMENT LLC

Principal Place of Business

P.O. Box 160685
Miami, FL 33116

Mailing Address

P.O. Box 160685
Miami, FL 33116

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1059071

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 MAY -2 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

Edouard Joseph
13311-A SW 88 Terrace
Miami, FL 33186

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

000004316110--8

05/25/01--01004--008

*****55.00 *****55.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Oper. Mgr. Edouard Joseph 13311-A SW 88 Terrace Miami, FL 33186	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Greg De La Tour 13311-A SW 88 Terrace Miami, FL 33186	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Axel Sylvain 13311-A SW 88 Terrace Miami, FL 33186	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-28-01

Date

(305) 386-1611

Daytime Phone #

CR2E083 (11/00)