

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 APR 10 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L97000000280**

1. Entity Name
PLSC, L.C.

Principal Place of Business
**1742 PLUNKETT ST
HOLLYWOOD FL 33020**

Mailing Address
**418 CLERMONT ST
ST MICHEL NAP
QUEBEC CANADA JOL-2JO**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0734247**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUGAR, EDMOND L
950 S FEDERAL HWY
HOLLYWOOD FL 33030**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE NAME | MEM LALONDE, PIERRE | <input type="checkbox"/> Delete |
| STREET ADDRESS | 418 CLERMONT ST ST MICHEL | |
| CITY-ST-ZIP | NAP QUEBEC CANADA JOL-2JO | |
| TITLE NAME | MEM CORMIER, SYLVIE | <input type="checkbox"/> Delete |
| STREET ADDRESS | 418 CLERMONT ST ST MICHEL | |
| CITY-ST-ZIP | NAP QUEBEC CANADA JOL-2JO | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------------|---|
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 100003221741--5 | |
| CITY-ST-ZIP | -04/24/00--01165--006 | |
| | *****50.00 *****50.00 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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]* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

15 April 2000 450-632
Date Daytime Phone # **2450**

CR2E083 (9/99)