

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90003 001 ****61.25

DOCUMENT # N01724

1. Entity Name

CLUB RICHELIEU LES COPINES, INC.

Principal Place of Business

**2116 N. 14TH TERRACE
 HOLLYWOOD FL 33020**

Mailing Address

**210 SE 7TH STR.
 DANIA FL 33004**

RU000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0060938

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

**LEFEBVRE, DENISE
 210 SE 7TH STREET
 DANIA FL 33004**

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

**FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEFEBVRE, DENISE	
STREET ADDRESS	210 SE 7TH STREET	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEMONTIENY, JEANINE	
STREET ADDRESS	2601 SW 48TH TER	
CITY-ST-ZIP	PEMBROKE PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOUCY, JEANNINE	
STREET ADDRESS	5121 SW 26TH CT	
CITY-ST-ZIP	PEMBROKE PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SENECAL, MICHELE	
STREET ADDRESS	375 SW 14TH ST. #19	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	V	<input type="checkbox"/> Delete
NAME	MASSON, JANINE	
STREET ADDRESS	1446 HAYES	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNARD, RINA	
STREET ADDRESS	1822 WILSON	
CITY-ST-ZIP	HOLLYWOOD FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Denise Lefebvre

August 21-2001 - 6 P.M.

CR2E037 (5/01)