2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 APR 18 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006098

1. Entity Name
LE PARIS-PROVENCE, L.C.

Principal Place of Business	Mailing Address
C/O BAUR, WOODBRIDGE, REUS & KLEIN 100 N. BISCAYNEBLVD., 21ST FLOOR MIAMI FL 33132-2306	C/O BAUR, WOODBRIDGE, REUS & KLEIN 100 N. BISCAYNEBLVD., 21ST FLOOR MIAMI FL 33132

	2. Principal Place of Business	3. Mailing Address
	530 Lincoln Road	530 Lincoln Road
Suite, Apt. #, etc.	Miami Beach, FL	Miami Beach, FL
City & State	33139 U.S.A	33139 U.S.A.
Zip / Country		

DO NOT WRITE IN THIS SPACE

MNM

4. FEI Number 65-0951679 ☐ Applied For ☐ Not Applicable

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
WOODBRIDGE, FREDERICK JR. C/O BAUR, WOODBRIDGE, REUS & KLEIN 100 N. BISCAYNEBLVD., 21ST FLOOR MIAMI FL 33132-2306	Name: BRITO & BRITO Street Address (P.O. Box Number is Not Acceptable): 407 Lincoln Road Suite 5-B City: Miami Beach FL Zip Code 33139

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]
Signature, typed or printed name of registered agent and title if applicable. (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 / STREET ADDRESS / CITY-ST-ZIP	MGRM BRIAND, RAPHAEL LA VILLE JOIE 44500 LA BAULE FRANCE ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GALETTO, BRUNO 76 AVENUE DES GRANDS BOIS 44800 ST. HERBLAIN FRANCE ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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CR2E083 (9/99)

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] 4-5-2000 (305)377-3561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #