

2001 UNIFORM BUSINESS REPORT

L99000004135

DOCUMENT # L99000004135

1. Entity Name

NOUVELLE PROMOTIONS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 21 PM 2:07

Principal Place of Business

19 W. Flagler St
Suite 600
Miami, FL 33130

Mailing Address

19 W. Flagler St.
Suite 600
Miami, FL 33130

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

65-0932125

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

David M. Turner CPA
19 W. Flagler St, Suite 600
Miami, FL 33130

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING Member
CRISTINA Cipolletti
19 W. Flagler St. #600
Miami, FL 33130 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIPL99000004135
-03/23/01--01036--021
*****25.00

CR2E08

☐ Addition☐ Change ☐ Addition

400004437154--6

-03/23/01--01036--021
*****25.00 *****25.00☐ Change ☐ Addition

400004437154--6

-06/22/01--01036--021
*****25.00 *****25.00☐ 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

Date

Daytime Phone #

CR2E083 (11/00)