

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUN 18 AM 10:12

DOCUMENT # L00000010078

1. Entity Name
FRANCE_IMPORT LLC

DO NOT WRITE IN THIS SPACE

400005860874--2
-05/28/02--91742--010
****250.00 *****50.00

2. Principal Place of Business
860 South WIND CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.
P.O. Box 266888

DO NOT WRITE IN THIS SPACE

City & State
SUNRISE, FL
Zip
33326

Country
USA

City & State
Weston, FL
Zip
33326-6888

Country
USA

4. FEI Number
65-1035510
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Patrick Vivies CPA, PA
Street Address (P.O. Box Number is Not Acceptable)
700 E. Dania Beach Blvd # 202
City Dania FL Zip Code 33004

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

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Balofe, Inc. 1535 Three Village Rd Weston, FL 33326
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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Loïc FELLETT May 15, 2002
Date Daytime Phone #