

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000156590

Entity Name: AMCE URU LLC**Current Principal Place of Business:**16711 COLLINS AVENUE
802
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**990 BISCAYNE BLVD
OFFICE 701
MIAMI, FL 33132 US**FEI Number:** 46-4059190**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FIDUCIAL JADE INC
990 BISCAYNE BLVD
OFFICE 701
MIAMI, FL 33132 US*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:** OLIVIER SUREAU

03/01/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name AMSELLEM, SAMY
Address 13 BIS RUE GABRIEL PERI
City-State-Zip: MONTROUGE . 92120

Title MGRM
Name AMSELLEM, EVE
Address 13 BIS RUE GABRIEL PERI
City-State-Zip: MONTROUGE . 92120

Title MGRM
Name AMSELLEM, DAN
Address 13 BIS RUE GABRIEL PERI
City-State-Zip: MONTROUGE . 92120

Title MGRM
Name AMSELLEM, MICKHAEL
Address 13 BIS RUE GABRIEL PERI
City-State-Zip: MONTROUGE . 92120

Title MGRM
Name AMSELLEM, EMMANUEL
Address 13 BIS RUE GABRIEL PERI
City-State-Zip: MONTROUGE . 92120

Title MGRM
Name AMSELLEM, GINETTE
Address 13 BIS RUE GABRIEL PERI
City-State-Zip: MONTROUGE . 92120

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AMSELLEM , SAMY

MGRM

03/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date