CR2E034

## 2002 Uniform Business Report (UBR)

## Apr 01, 2002 8:00 am Secretary of State K18107 **DOCUMENT #** 1. Entity Name LES MUST DE CARTIER INTERNATIONAL INC. 04-01-2002 90600 045 \*\*\*150.00 Principal Place of Business Mailing Address 550 BILTMORE WAY 550 BILTMORE WAY PENTHOUSE 1 PENTHOUSE 1 CORAL GABLES FL 33134 CORAL GABLES FL 33134', 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 22-2892931 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 Zip Code City 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 on printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be ; After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 11. 12. (10/6) TITLE TITLE ☐ Delete SAAGE, GARY A JR NAME NAME **3 ENTERPRISE DRIVE** STREET ADDRESS STREET ADDRESS SHELTON CO 06484 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE TITLE BOSSERT, CEDRIC NAME NAME VEN DOME LUXURY GROUP STREET ADDRESS STREET ADDRESS 8TH JAMES FAGZ GERMAN SL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE MAINCOURT, CHRISTOPHE NAME NAME 550 BILTMORE WAY, SUITE 1270 STREET ADDRESS STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition CRITCHELL, SIMON NAME NAME 653 FIFTH AVE STREET ADDRESS STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition BRENAC, JEAN-ALAIN NAME NAME AMBERES 9, COL. JUAREZ STREET ADDRESS STREET ADDRESS 06600 MEXICO CITY DF CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition DJAOUI, GERARD NAME NAME **51 RUE PIERRE CHARRON** STREET ADDRESS STREET ADDRESS **PARIS FR 75008** CITY-ST-ZIP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if