## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **K96473** Apr 10, 2000 8:00 am Secretary of State 1. Entity Name LANGESSE, INC. 04-10-2000 90090 037 \*\*\*158.75 Principal Place of Business Mailing Address 1000 NW 47 ST 1000 NW 47 ST FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309-3829 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0130825 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.> Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REGNIER, MARIE-CHRISTIN Street Address (P.O. Box Number is Not Acceptable) 1000 NW 47 ST FORT LAUDERDALE FL 33309 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE Delete TITLE REGNIER, MARIE-CHRISTIN NAME NAME 1000 NW 47 ST STREET ADDRESS STREET ADORESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME OSSUDE, JEAN F NAME STREET ADDRESS 1000 N W 47 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33309 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP 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

address, with all other like empowered

INTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

MARIE CHRSTINE REGNIER 4-5-00954