

# 2001 UNIFORM BUSINESS REPORT (UBR)

000703 AF

**DOCUMENT #** L00000000439  
**1. Entity Name**  
 DERMOTIQUE, LLC

**FILED**  
 01 JAN 30 PM 3:29  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

*W-2/6*

**Principal Place of Business**  
 3300 UNIVERSITY DRIVE  
 SUITE 706  
 CORAL SPRINGS FL 33065

**Mailing Address**  
 3300 UNIVERSITY DRIVE  
 SUITE 706  
 CORAL SPRINGS FL 33065



**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**4. FEI Number** 65 0973527  
 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**  
 VIVIES, PATRICK  
 700 E. DANIA BEACH BLVD.  
 SUITE 202  
 DANIA FL 33004

**7. Name and Address of New Registered Agent**  
 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** \_\_\_\_\_ (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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	TRUCHEMENT, JEAN-PHILIPPE	3300 UNIVERSITY DRIVE	CORAL SPRINGS FL 33065	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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:** *SIGMA JEAN-PHILIPPE TRUCHEMENT* **1/23/01** **954-757-0127**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)