

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90025 003 ****50.00

DOCUMENT # L00000000439

1. Entity Name
DERMOTIQUE, LLC

Principal Place of Business

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

Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3300 UNIVERSITY DR
 Suite, Apt. #, etc.
 407**

3. Mailing Address

**3300 UNIVERSITY DR
 Suite, Apt. #, etc.
 407**

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

Zip

33065

Country

Zip

33065

Country

4. FEI Number

65-0973527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VIVES, PATRICK
 700 E. DANIA BEACH BLVD.
 SUITE 202
 DANIA FL 33004**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

1-15-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)