

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004147

1. Entity Name

BABETTE L.L.C.

FILED

01 JUN 13 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3112 COMMODORE PLAZA  
SUITE 3  
COCONUT GROVE, FL  
33133 USA

Mailing Address  
3112 COMMODORE PLAZA  
SUITE 3  
COCONUT GROVE, FL  
33133 USA

2. Principal Place of Business

3. Mailing Address  
9408 W. BROADVIEW DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State  
BAY HARBOUR ISLANDS, FL

4. FEI Number  
65-1018098

Applied For  
Not Applicable

Zip Country

Zip Country  
33154 USA

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

PENINSULA REGISTERED AGENTS, INC.  
200 S. BISCAYNE BLVD, #4874  
MIAMI, FL 33131

Name  
ELISABETH HAAS  
Street Address (P.O. Box Number is Not Acceptable)  
9408 W. BROADVIEW DR.  
City  
BAY HARBOUR ISLANDS FL Zip Code  
33154

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

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

(NOTE: Registered Agent signature required when reinstating)

4/30/01  
DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MANAGING MEMBER  
ELISABETH HAAS  
9408 W. BROADVIEW DR.  
BAY HARBOUR ISLANDS, FL 33154 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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: *ELISABETH HAAS*

4/30/01

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

Daytime Phone #