

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90025 005 *****50.00

DOCUMENT # L0000000006348

1. Entity Name

French Wax Barging, LLC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

HARG POINT

3. Mailing Address

HARG POINT

Suite, Apt. #, etc.

10 HARG POINT Circle

Suite, Apt. #, etc.

P.O. Box 7928

City & State

Hilton Head, S.C.

City & State

Hilton Head, S.C.

Zip

29938

Country

USA

Zip

29938

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

51-1122227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

C. Atwell Moore, Esquire

Street Address (P.O. Box Number is Not Acceptable)

Macfarlane, Ferguson - McMullen

400 N. Tampa St. #2300

City

TAMPA

FL

Zip Code

33602

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
UGRM
402516 Ontario, Inc. c/o D. Soucar
171 Lawrence Ave E
Toronto, Ont M4N 1S9

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MBRM
3732428 Canada Inc c/o K. Maguire
21 Chemin des Lilas
St Anne des lacs, Quebec J0R 1B0

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IN THIS SPACE**

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:

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

April 11 '02 800-38-2702
Date Daytime Phone #

CR2E083B (12/01)