

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

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90191 007 \*\*\*\*50.00

DOCUMENT # L00000006348

1. Entity Name

French Lux Barging

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

400 N Tampa St

Suite, Apt. #, etc.

2300

City & State

Tampa, FL

Zip

33802

Country

US

3. Mailing Address

400 N Tampa St

Suite, Apt. #, etc.

2300

City & State

Tampa, FL

Zip

33802

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Moore, CA

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

400 N Tampa St

Suite 2300

City

Tampa

FL

Zip Code

33802

**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	<u>MGR</u>
NAME	<u>Souccar, Deborah</u>
STREET ADDRESS	<u>177 LAWRENCE AVE E</u>
CITY-ST-ZIP	<u>TORONTO, ON M4N 1S9</u>
TITLE	<u>MGR</u>
NAME	<u>Maquire, Kevin</u>
STREET ADDRESS	<u>71 Chemin des Lilas</u>
CITY-ST-ZIP	<u>Ste-Anne-des-Lacs, QC J0R 1B0</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE  
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]

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

Date

Daytime Phone #

15 Apr 04

800-313-2702

CR2E083B (12/01)