

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

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90063 002 \*\*\*\*50.00

**DOCUMENT #**

100000006348

**1. Entity Name**

French Lux Barging, LLC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

400 N. Tampa St

Suite, Apt. #, etc.

2300

City & State

Tampa, FL

Zip

33602

Country

USA

**3. Mailing Address**

400 N Tampa St

Suite, Apt. #, etc.

2300

City & State

Tampa, FL

Zip

33602

Country

USA

**4. FEI Number**

571122227

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$5.00 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

MOORE, C.A.

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

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 state, if applicable.

**DATE**

**FEE IS \$20.00**

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

**9. MANAGING MEMBERS/MANAGERS**

|                        |                                |
|------------------------|--------------------------------|
| <b>TITLE</b>           | MR                             |
| <b>NAME</b>            | SOCCAR, DOROTHY                |
| <b>STREET ADDRESS</b>  | 177 LAWRENCE AVE E             |
| <b>CITY - ST - ZIP</b> | Toronto, ON M4N 1S9            |
| <b>TITLE</b>           | MR                             |
| <b>NAME</b>            | HAQUINE, KEVIN                 |
| <b>STREET ADDRESS</b>  | CH. Des Lacs, Ste Ame des lacs |
| <b>CITY - ST - ZIP</b> | LAC GUINDON, QUEBEC J0R 1B0    |
| <b>TITLE</b>           |                                |
| <b>NAME</b>            |                                |
| <b>STREET ADDRESS</b>  |                                |
| <b>CITY - ST - ZIP</b> |                                |
| <b>TITLE</b>           |                                |
| <b>NAME</b>            |                                |
| <b>STREET ADDRESS</b>  |                                |
| <b>CITY - ST - ZIP</b> |                                |
| <b>TITLE</b>           |                                |
| <b>NAME</b>            |                                |
| <b>STREET ADDRESS</b>  |                                |
| <b>CITY - ST - ZIP</b> |                                |

|                        |  |
|------------------------|--|
| <b>TITLE</b>           |  |
| <b>NAME</b>            |  |
| <b>STREET ADDRESS</b>  |  |
| <b>CITY - ST - ZIP</b> |  |
| <b>TITLE</b>           |  |
| <b>NAME</b>            |  |
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| <b>TITLE</b>           |  |
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| <b>TITLE</b>           |  |
| <b>NAME</b>            |  |
| <b>STREET ADDRESS</b>  |  |
| <b>CITY - ST - ZIP</b> |  |

**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)(b), 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

**Date**

**Daytime Phone #**

29 Apr '04 800-33-2702

CR2E063B (12/01)