2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
05-06-2002 90131 038 ****50.00

DOCUMENT # L00000008003

1. Entity Name
CHRISTIAN REYNAUD INTERNATIONAL, L.L.C.

Principal Place of Business
16520 S. POST ROAD
#302
WESTON FL 33331

Mailing Address
16520 S. POST ROAD
#302
WESTON FL 33331

J02-90353

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4578 N. HIATUS RD
Suite, Apt. #, etc.
City & State: SUNRISE, FLORIDA
Zip: 33351 Country: USA

3. Mailing Address
4578 N. HIATUS RD.
Suite, Apt. #, etc.
City & State: SUNRISE, FLORIDA
Zip: 33351 Country: USA

4. FEI Number 65-1025034 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
COHN, SCOTT E
315 S.E. 7TH STREET, 2ND FL
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
MGR REYNAUD, CHRISTIAN % 16520 S. POST RD. #302 WESTON FL 33331	☐
	☐
	☐
	☐
	☐
	☐
	☐

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
CEO - MGR REYNAUD, CHRISTIAN 4578, N. HIATUS RD SUNRISE, FLORIDA 33351	☒ ☐
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	☐ ☐
	☐ ☐
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	☐ ☐
	☐ ☐

CR2E083 (9/01)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #