

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012434

1. Entity Name
SONOGRIIP USA, LLC

FILED

01 APR 26 PM 5:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3275 S.W. 42ND STREET
FORT LAUDERDALE FL 33312

Mailing Address
3275 S.W. 42ND STREET
FORT LAUDERDALE FL 33312



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc./

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1046180

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GRAGG, K. LAWRENCE
WHITE & CASE LLP
200 S. BISCAYNE BOULEVARD, SUITE 4900
MIAMI FL FL

Name

Jocelyn Vinet

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

3275 SW 42nd St

City

Ft. Lauderdale

FL

Zip Code

33312

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.

Jocelyn Vinet President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/01

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Jocelyn Vinet
3275 SW 42nd St
Ft. Lauderdale, FL 33312

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP / S
Yves Surprenant
3275 SW 42nd St
Ft. Lauderdale, FL 33312

☐ Delete

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☐ Change ☐ Addition

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:

Jocelyn Vinet Pres

4/23/01

954-323-3465

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

Date

Daytime Phone #

CR2E083 (11/00)