

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90094 039 ****50.00

DOCUMENT # L00000013018

1. Entity Name

MONIQUE MATHIEU INTERNATIONAL, LLC



Principal Place of Business

**22. RUE TIQUETONNE. 75002
PARIS
FRANCE**

Mailing Address

**22. RUE TIQUETONNE. 75002
PARIS
FRANCE**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

7700 CONGRESS AVE

SUITE 2106

BOCA RATON, FL

33487

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2277404**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KRATISH, TEITELBAUM & GREEN, P.A.
1820 BAY ROAD
NORTH MIAMI BEACH FL 33139**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**
NAME **NETTIG, CLAUDIA**
STREET ADDRESS **601 BRICKELL KEY DR., SUITE 703**
CITY-ST-ZIP **MIAMI FL 33131**

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS **7700 CONGRESS AVE, SUITE 2106**
CITY-ST-ZIP **BOCA RATON, FL 33487**

☒ Change

☐ Addition

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CITY-ST-ZIP

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☐ 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:

NETTIG, CLAUDIA

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

Date

Daytime Phone #

1/17/23 361-989-9910

CR2E083 (10/02)