

2001 UNIFORM BUSINESS REPORT (UBR)

192

FILED

02 JAN 18 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-01/23/02--01031--005

****100.00 ****100.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000013694

1. Entity Name
SAVOIR FAIRE, L.L.C.

Principal Place of Business 2700 W 79 ST HIALEAH, FL 33016	Mailing Address 2700 W 79 ST HIALEAH, FL 33016
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1054552	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

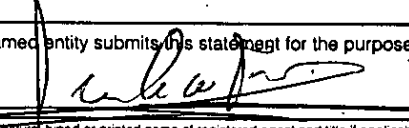
6. Name and Address of Current Registered Agent

JUAN C DE FALCO
10814 SW 72SST #185
MIAMI, FL 33173

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.

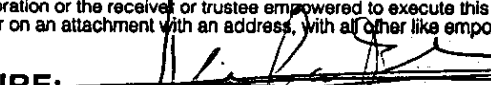
SIGNATURE  **(NOTE: Registered Agent signature required when reinstating)** **DATE**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE M NAME STREET ADDRESS CITY-ST-ZIP	FRANCISCO J DA SILVA <input checked="" type="checkbox"/> Delete GONCALVES 8288 N.W 66TH STREET MIAMI, FL 33166	TITLE M NAME STREET ADDRESS CITY-ST-ZIP	JUAN C. DE FALCO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10814 SW 72 ST #185 MIAMI, FL 33173
TITLE M NAME STREET ADDRESS CITY-ST-ZIP	SANDRA EDITH DIANO <input checked="" type="checkbox"/> Delete 8288 NW 66TH Street MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JUAN C DE FALCO/MANAGER** **12/17/01**

CR2E034 (11/00)

202

SAVOIR FAIRE, L.L.C
2700 W 79 STREET
HIALEAH, FL 33016
TEL. (305) 595-0392

DECEMBER 17, 2001

FLORIDA DEPARTMENT OF STATE
RE: DOCUMENT # L00000013694
FEI NUMBER 65-1054552

TO WHOM IT MAY CONCERN:

I'M SENDING MY REINSTATEMENT REPORT BECAUSE I NEVER RECEIVED ORIGINAL ANNUAL REPORT, WE WOULD APPRECIATE IF YOU WAIVE THE LATE CHARGES.

ATTACHED ARE A CHECK IN THE AMOUNT OF \$150.00 AND REINSTATEMENT APPLICATION.

SINCERELY YOURS,


JUAN C DE FALCO
MANAGER.