

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015143

1. Entity Name

LE CLUB, CLUB PRIVE, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

16705 NW 16 ST

3. Mailing Address

16705 NW 16 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33028

Country

USA

Zip

33028

Country

USA

4. FEI Number

65-1059769

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Luis Daniel Capriles  
16705 NW 16 ST  
Pembroke Pines, FL 33028

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**

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT**  
**LUIS DANIEL CAPRILES**  
**16705 NW 16 ST**  
**Pembroke Pines, FL 33028**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
**200003888842--4**  
**-03/20/01--01095--009**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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

Date

Daytime Phone #

FILED

01 MAR 12 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

MJH

CR2E083 (1/1/00)