

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90389 026 ****50.00

DOCUMENT # L01000005561

1. Entity Name

BAQUE UNITED - U.S., LLC

Principal Place of Business

**4720 N.W. 28TH WAY
 BOCA RATON FL 33434**

Mailing Address

**4720 N.W. 28TH WAY
 BOCA RATON FL 33434**

955876

2. Principal Place of Business

3. Mailing Address

P.O. BOX 190856

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL.

4. FEI Number

65-1090805

Applied For

Not Applicable

Zip

Country

Zip

Country

33119

USA

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

**BREGMAN, HOWARD
 777 S. FLAGLER DRIVE
 SUITE 300E
 WEST PALM BEACH FL 33401**

Name

ROBERT J. RAAB

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

4720 NW 28TH WAY

City

BOCA RATON

FL

Zip Code

33434

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 **ROBERT J. RAAB**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-23-2002

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DIRECTOR OF DEVELOPMENT
 ESTHER HUSAR
 31A VENEDIAN CAUSEWAY
 MIAMI BEACH, FL 33139** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DIRECTOR OF MARKETING
 ROBERT J. RAAB
 4720 NW 28TH WAY
 BOCA RATON FL 33434** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 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 REQUIRED

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

4-23-2002

Date

305-673-2349

Daytime Phone #

CR2E083 (9/01)