

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2002 8:00 am**  
**Secretary of State**

08-29-2002 90081 026 \*\*\*\*50.00

**DOCUMENT # L01000019736**

1. Entity Name  
**LA MAISON DU PATE OF MIAMI BEACH, L.L.C.**

Principal Place of Business Mailing Address  
**5600 COLLINS AVE. 5600 COLLINS AVE.**  
**MIAMI BEACH FL 33140 MIAMI BEACH FL 33140**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**5600 Collins Ave 812 NE 90 ST #2**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**#2**  
 City & State City & State  
**MIA - FL miami**  
 Zip Country Zip Country  
**33140 MIA-Dade 33138 MIA-Dade**

4. FEI Number Applied For  
**65-1152006** Not Applicable  
 5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MOYAL, PATRICK**  
**208 N. UNIVERSITY DRIVE**  
**PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent  
 Name **Remains Same**  
 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 Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS  

|                                                |                                                                           |                                            |
|------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>MARIE, FLORENCE<br/>812 NE 90 STREET #4<br/>MIAMI FL 33138</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MARIE, Florence; out going Manager</b>                                 | <input type="checkbox"/> Delete            |

10. ADDITIONS/CHANGES  

|                                                |                                                                            |                                                                                         |
|------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MANAGER<br/>John E. DeRons<br/>812 NE 90 ST #2<br/>miami - FL 33138</b> | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l) 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]** **305 - 8-24-02 754-6496**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 14/02