

2002 UNIFORM BUSINESS REPORT (UBR)1/28/2002
* 8/11/2002**FILED**
Sep 15, 2002 8:00 am
Secretary of State08-11-2002 90169 041 ****50.00
01-28-2002 90003 002 ****50.00**DOCUMENT # L01000020490**1. Entity Name
GREGOIRE, LLCPrincipal Place of Business Mailing Address
14750 BISCAYNE BOULEVARD 14750 BISCAYNE BOULEVARD
NORTH MIAMI BEACH FL 33181 NORTH MIAMI BEACH FL 33181

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 **65.1159.084**Applied For
Not Applicable5. 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

ROBINSON, PAUL J ESQ.
C/O ROBINSON AND MARKS, P.A.
1590 NE 162ND STREET, SUITE 200
NORTH MIAMI BEACH FL 33182Name
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

10. ADDITIONS/CHANGES

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
MGR	AKIBA, CHARLES	14750 BISCAYNE BOULEVARD	NORTH MIAMI BEACH FL 33181	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGR	INCORVAL, BERNARD	14750 BISCAYNE BOULEVARD	NORTH MIAMI BEACH FL 33181	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

8/9/02 365 457 0008

CR2003 (4/02)