

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90003 048 ****50.00

DOCUMENT # L02000006419

1. Entity Name

GERARD BOUVERET CREATIONS, L.L.C.



Principal Place of Business

Mailing Address

1155 BRICKELL BAY DRIVE
APT. 1802
MIAMI FL 33131

1155 BRICKELL BAY DRIVE
APT. 1802
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

848 BRICKELL AVE

848 BRICKELL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

601

601

City & State

City & State

Miami FL

Miami FL

Zip

Zip

33131

33131

Country

Country

4. FEI Number

71-0891929

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOPER, GLENN M
5201 BLUE LAGOON DRIVE
SUITE 100
MIAMI FL 33126

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. 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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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]*

SIGNATURE REQUIRED

GERARD BOUVERET

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

Date

Daytime Phone #

CR2E083 (10/02)