

# **LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL -1 AM 8:30

<b>DOCUMENT #</b> L02000030409
<b>1. Entity Name</b> UNFORGETTABLE OF USA LLC

<b>DO NOT WRITE IN THIS SPACE</b>
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<b>2. Principal Place of Business</b> 107 B LEWIS STREET Suite, Apt. #, etc.	<b>3. Mailing Address</b> 107 B LEWIS STREET Suite, Apt. #, etc.
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<b>City &amp; State</b> NEW SMYRNA BEACH FL Zip: 32168	<b>City &amp; State</b> NEW SMYRNA BEACH FL Zip: 32168
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<b>DO NOT WRITE IN THIS SPACE</b>
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<b>4. FEI Number</b> 51-0435363	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

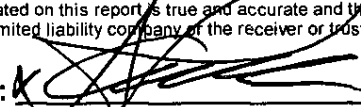
<b>DO NOT WRITE IN THIS SPACE</b>
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<b>7. Name and Address of Current Registered Agent</b> Name FERNAND LAMOTHE Street Address (P.O. Box Number is Not Acceptable) 1401 DEWEY STREET City HOLLYWOOD FL Zip Code 33020
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<b>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.</b> <b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. <b>DATE</b>
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<b>9. MANAGING MEMBERS/MANAGERS</b>
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<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	MGR ALAIN AUBE 107 B LEWIS STREET NEW SMYRNA BEACH, FL 32168	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	000021237840 07/01/03--01037--002 **50.00
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<b>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.</b>	
<b>SIGNATURE:</b>  <b>ALAIN AUBE</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	<b>06/27/02</b> Date Daytime Phone #

CR2E083B (12/02)