2001	UNIFORM BUS	NESS REPOR	K I	(UBR)	7					322983
DOCU 1. Entity Nam PLSC, L.C	ne	0000280				FILED				æ ≅
		·] 01	JAN 29 AM II	:00			
Principal Place 1742 PLUNKE HOLLYWOOD		Mailing Address 418 CLERMONT ST ST MICHEL NAP			SEGRETARY OF STATE TALL'AHASSEE, FLORIDA					
	ر مست	QUEBEC CANADA JOL-2JO			-		18 11 11 51 18 11			
2. Principal F	Place of Business	3. Mailing Address								
`Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Stat	te ·	City & State			4. FEI N	umber 65-0734247			plied For t Applicable]
Zip Country .		Zip Coun		try	5. Certificate of Status Desired S5.00 Additional Fee Required					
	6. Name and Address of Current	Registered Agent			7. Name	and Address of New Re				1
SUGAR F	EDMOND L	•		Name						
950 S FE	DERAL HWY		Street Address (P.O. Box Number is Not Acceptable)						-	
HULLYWO	OOD FL 33030		City			FL	Zip Code		$\frac{1}{2}$	
8. The above	e named entity submits this statement for	the purpose of changing its reg	gistere	d office or registe	red agent, o	r both, in the State of Flor		1		1
SIGNATURE	<u> </u>					•	=			
:-	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	egisterec	d Agent signature require	d when reinstatin	9) /	DATE	 -	and the same of th	-
	ر آد جيويت سنڌڙڙ پي جوهه د	Make Check Paya			The state of the s			.		-
9	MANAGING MEMBE	ERS/MEMBERS	10.	1.11		ADDITIONS/	CHANGES	.		-
TITLE	MEM	Delete	TITLE			ADDITIONO		Change	☐ Addition	8
NAME STREET ADDRESS	LALONDE, PIERRE 418 CLERMONT ST ST MICHEL			ET ADDRESS						E083 (11/00)
CITY-ST-ZIP TITLE	NAP QUEBEC CANADA JOL-2JO MEM	. Delete	TITLE	-ST-ZIP		5000036 -02/02/	124 3	TkiChange 17	Addition	⊣ ਨਾ
NAME STREET ADDRESS	CORMIER, SYLVIE 418 CLERMONT ST ST MICHEL	A 50000	NAME STREE	ET ADDRESS		*****		*****5		
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CITY+ST-ZIP		☐ Delete	CITY-	-ST-ZIP				Change	Addition	4
NAME STREET ADDRESS		_ ·	NAME			. /		5142.95		
CITY-ST-ZIP		□ Delete	TITLE	ST-ZiP		- M	<u></u>	Change	Addition	=
NAME	,	_ bellie	NAME	:			_			
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				,		
TITLE		☐ Delete	TITLE				[_ Change .	Addition	
STREET AD RESS CITY-ST-ZIP	A Company			ET ADDRESS ST-ZIP		·			,	į
11. I hereby of indicated limited lia	certify that the information supplied with don this report is true and accurate and ability company or the receiver or trustee	this filing does not qualify for the that my signature shall have the empowered to execute this rep	e exer same ort as	nption stated in Se legal effect as if r required by Chap	ection 119.0 made under oter 608, Flor	7(3)(i), Florida Statutes. I oath; that I am a managi ida Statutes.	further certifying member o	/ that the in or manager	formation .	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SKNING MANAGING MEMBERT/MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Destination Phone #										