

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000738

1. Entity Name
FRENCH KISS, L.C.

Principal Place of Business

~~19390 COLLINS AVENUE, SUITE 1602~~
N. MIAMI BEACH FL 33160

Mailing Address

~~19390 COLLINS AVENUE, SUITE 1602~~
N. MIAMI BEACH FL 33160

FILED

01 SEP 14 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

177 NW 72nd Avenue

Suite, Apt. #, etc.

222

City & State

MIAMI FLORIDA

Zip

33126

Country

USA

3. Mailing Address

17275 Collins AV

Suite, Apt. #, etc.

APT # 303

City & State

No. Miami Beach FLORIDA

Zip

33160-3442

Country

4. FEI Number

65-0806534

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOYAL, PATRICK

~~82 N. UNIVERSITY DRIVE~~ 208

PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

208 N. University drive

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/5/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

Due By September 26, 2001

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-09/25/01--01006--006

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

MGRM

SARFATI, CEDRIC

~~19390 COLLINS AVENUE, SUITE 1602~~

N. MIAMI BEACH FL 33160

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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:

SIGISAR FATE REQUIRED

9/5/01

305-949-3244

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CR2E083 (5/01)

STAPLE CHECK HERE