

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 28 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000001052

1. Entity Name
BEAUBOIS LLC

Principal Place of Business
721 S.E. 17TH STREET
FORT LAUDERDALE FL 33316

Mailing Address
721 S.E. 17TH STREET
FORT LAUDERDALE FL 33316-2927



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

myum

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0781128

Applied For

Not Applicable

5. 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

LAMOTHE, FERNAND
721 S.E. 17TH STREET
FORT LAUDERDALE FL 33316

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.

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGR
BEAUBOIS MANAGEMENT, INC.
STREET ADDRESS 721 S.E. 17TH STREET
CITY - ST - ZIP FORT LAUDERDALE FL 33316

☐ Change ☐ Addition
800003251128--1
-05/12/00--01097--023
*****55.00 *****55.00

TITLE NAME ☐ Delete
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CITY - ST - ZIP

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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

PIERRE POMERLEAU

04/25/00

Date

450-928-3139

Daytime Phone #

CR2E083 (9/99)