UNIFORM BUSINESS REPORT (UBR)

COPY

DOCUMENT # L98000000540

Name
LA CHAMPIONNE PALACE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG -7 AM 10:02

Principal Place of Business	Mailing Address
6700 SW 99 AVENUE MIAMI, FL 33173	6700 SW 99 AVENUE MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Country / Zip / Country	4. FEI Number 65-0849389 ☐ 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
BAHL, JOHN T, ESQ 2801 PONCE DE LEON BLVD SUITE 1155 CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 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

MANAGING MEMBERS / MEMBERS	10. ADDITIONS / CHANGES
MGR BOULMERKA, HASSIBA 6700 SW 99 AVENUE MIAMI, FL 33173 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 900003354093 ☐ Change ☐ Addition -08/14/00--01013--014 *****50.00 *****50.00
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E083 (11/99)

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 company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE X SAHMADIA FL 100 MANAGER 5/31/00 305-742-349