

UNIFORM BUSINESS REPORT (UBR)

COPY

DOCUMENT # **L980000000540**
 Name
LA CHAMPIONNE PALACE, LLC

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 AUG -7 AM 10:02

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

Mailing Address
6700 SW 99 AVENUE
MIAMI, FL 33173

Principal Place of Business

3. Mailing Address

Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0849389

Applied For

Not Applicable

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RAHL, JOHN T. ESQ
2801 POND DE LEON BLVD
SUITE 1155
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

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

462
BOULMERKA, HASSIBA
6700 SW 99 AVENUE
MIAMI, FL 33173

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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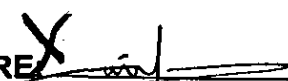
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TITLE
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 CITY-ST-ZIP

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I 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 supplied in 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 

SAHMADIA FL100
MANAGER

5/31/00

305.742-3491

CR2E083 (11/99)