

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L980000001387

1. Entity Name

PLYL, LLC

Principal Place of Business

C/O ROSS H. MANELLA, ESQ.
2500 WESTON ROAD, SUITE 220
WESTON FL 33331

Mailing Address

C/O ROSS H. MANELLA, ESQ.
2500 WESTON ROAD, SUITE 220
WESTON FL 33331-3617

2. Principal Place of Business

2237 N. Commerce Parkway

3. Mailing Address

2237 N. Commerce Parkway

Suite, Apt. #, etc.

#3 Suite #3

Suite, Apt. #, etc.

#3 Suite #3

City & State

Weston, Fl

City & State

Weston, Fl

33326

Country

US

Zip 33326

Country

US

4. FEI Number

65-0906341

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MANELLA, ROSS H ESQ.
WESTON CORPORATE CENTRE
2500 WESTON ROAD, SUITE 220
WESTON FL 33331

7. Name and Address of New Registered Agent

Name

MANELLA, ROSS H. ESQ.

Street Address (P.O. Box Number is Not Acceptable)
2237 N. Commerce Parkway

#3 Suite #ee3

City

Weston

FL

Zip Code 33326

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)

Ross Manella 4/30/00

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR LUSSIER, YVES ☐ Delete
STREET ADDRESS 3080, BOUL, LE CARREFOUR, BUREAU 502
CITY- ST- ZIP LAVAL, QUE., CANADA H7T 2K9

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200003269742--5
CITY- ST- ZIP -05/30/00--01016--015

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00
CITY- ST- ZIP

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

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

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 REQUIRED

Yves Lussier

4/30/00

(954) 385-3637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)