2000 UNIFORM BUSINESS REPORT (UBR)

2000	ONIFORM BOSI	MESS HEFT	MI (ODI	<u> </u>				
DOCUMENT # L9800002213 1. Entity Name AMERICAN MARYVES, L.C.					SECRETARY OF STATE DIVISION OF CORPORATIONS			
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Principal Plac	e of Business	Mailing Address				- 111 6	20	
•	RATION BLVD UNIT B							
NAPLES FL 34110-5708				-	,	•		
2. Principal Place of Business 181 BIG SORING DRIVE 3. Mailing Address SORING TO SORIN				11/10	i inniinit ete tetet izili entil skiit en	111 00 111 02110 11010 11001	\$1 660 (11) 1481	
Suite, Apt.	#, etc.	Sulte Apt #, etc	Salar an	J. 15	DO NOT WRITE IN	THIS SPACE		
City & State	9	City & State	<u></u>	4. FEI N	Number 05 070070		pplied For	
0	UES, FL Country	NÃÕŒS,	Fountry .		65-0780376	No \$5.00 Add	ot Applicable	
3411	3 COLLIER	34113	Country (CK		Fee Require		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ADM BARD, YVES T								
LOMBARD, YVES J					RD/YVES J	<u> </u>	- =	
2154 CORPORATION BLVD., UNIT B NAPLES FL 34109					lember is Not Acceptable)	KIVE_		
NAPLES F	-L 34109		City N	<u> </u>		FL Zin Cod	<u> </u>	
P. The above	named entity submits this statement for	the pulmose of changing its		<u> </u>	or both, in the State of Florida		110	
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 value gargistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)								
FILE NOW!!! FEE IS \$50.00								
•		Make Check Pa	ayable to Departr	ment of State	_ ~ ~	4 (6	
9.	MANAGING MEMBER	RS/MEMBERS	10.		ADDITIONS/CH			
TITLE	MGRM LOMBARD, YVES J	☐ Delete	TITLE NAME	PRESIDE	NT MORM	(Changa	☐ Addition	
STREET ADDRESS	2154 CORPORATION BLVD., UNIT	В	STREET ADDRESS	181 (2)(C)SP	MUM OFFICE			
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ште		☐ Delete	TITLE	······································		Change	Addition	
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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								
indicated limited lial	on this report is true and accurate and the bility company or the receiver or trustee in the company of the receiver or trustee in the company of the compan	empowered to execute this	report as required b	y Chapter 608, Fk	r oan, mar i am a managing orida Statutes.	тепрегогианаде	a OI IIIE	
0101:17	end Mane	UPH RECH			4/20100	(qui) To	321191	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Dat								