

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 18 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L98000003253

1. Entity Name

DUPUIS OF PALM BEACH, L.L.C.

Principal Place of Business  
c/o Pedro P. Saez, Esq.  
888 Brickell Avenue,  
Fifth Floor  
Miami, Florida 33131

Mailing Address  
c/o David S. Zweig, Esq.  
4425 Bayard Street,  
Suite 200  
San Diego, California 92109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

mm

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3581450

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

CORPORATION SERVICE, COMPANY  
1201 Hays Street  
Tallahassee, Florida 32301

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  
Manager Roberto Palacios Lacy  
STREET ADDRESS Granizol70 Pedregal, Mexico D.F.  
CITY-ST-ZIP 01900 Mexico

TITLE NAME ☐ Change ☐ Addition  
200003236912-4  
-05/03/00--01067--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
Manager Norma Rascon de Yates  
STREET ADDRESS 11125 Flintkote Ave. Suite E  
CITY-ST-ZIP San Diego, California 92121

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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 prepare this report as required by Chapter 608, Florida Statutes.

c/o David S. Zweig, Esq.  
as special counsel

SIGNATURE: By: Roberto Palacios Lacy, Manager

March 31, 2000 \*(858)274-1818

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

Date

Daytime Phone #

CR2E083 (1/1/99)