

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L990000000047

1. Entity Name

GREG & JACQUES, L.C.

FILED

00 JAN 28 PM 4: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3011 YAMATO ROAD
BOCA RATON FL 33434

Mailing Address

3011 YAMATO ROAD
BOCA RATON FL 33434-5351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0902458

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

RAYA, GREGORY
3011 YAMATO ROAD
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name

JACQUES BERTEAU

Street Address (P.O. Box Number is Not Acceptable)

3011 YAMATO RD SUITE A4

City

BOCA RATON

FL

Zip Code

33434

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

01/24/00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME RAYA, GREGORY
STREET ADDRESS 3011 YAMATO ROAD
CITY-ST-ZIP BOCA RATON FL 33434 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME JACQUES BERTEAU
STREET ADDRESS 3011 YAMATO RD A4
CITY-ST-ZIP BOCA RATON FL 33434 ☐ Change ☐

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

TITLE
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STREET ADDRESS
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CITY-ST-ZIP ☐ Change ☐

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

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

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

01/24/00

Date

561 9958111

Daytime Phone #