

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001395

1. Entity Name
LISEMA, L.C.

APPROVED
AND
FILED

00 APR 18 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5200 OCEAN DRIVE, CONNICHE #1405
SINGER ISLAND FL 33404-2616

Mailing Address
5200 OCEAN DRIVE, CONNICHE #1405
SINGER ISLAND FL 33404

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

65-0906990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

mwm

6. Name and Address of Current Registered Agent

PRISSERT, CLAUDE B
5200 OCEAN DRIVE, CONNICHE #1405
SINGER ISLAND FL 33404-2616

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
PRISSERT, CLAUDE B
5200 OCEAN DRIVE, CONNICHE #1405
SINGER ISLAND FL 33404-2616

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
PRISSERT, THIERRY
236 BLVD. SAINT GERMAIN
75007 PARIS, FRANCE

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10 EAST 29TH STREET #24-B
NEW YORK NY 10016

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ 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 execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

CR2E083 (9/99)