

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001951

1. Entity Name

SITEDEFRANCE LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 15 PM 2:00

Principal Place of Business

1591 E. ATLANTIC BLVD., SUITE 200
POMPANO BEACH FL 33060

Mailing Address

1591 E. ATLANTIC BLVD., SUITE 200
POMPANO BEACH FL 33060-6748

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

N/A

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

7. Name and Address of New Registered Agent

INTERNATIONAL COMPANY SERVICES (USA) INC
1591 E. ATLANTIC BLVD., SUITE 200
POMPANO BEACH FL 33060

Name

CARLTON MANAGEMENT INC

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

SAME

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)

4/14/00
DATE

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

000003258420--
-05/18/00--01134--003
*****550.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME FOUQUET, JEAN MICHEL
STREET ADDRESS 23200 CAMINO DEL MAR #704
CITY-ST-ZIP BOCA RATON FL 33433

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

TITLE MGRM ☐ Delete
NAME FOUQUET, JEAN CHRISTOPH
STREET ADDRESS 23200 CAMINO DEL MAR #704
CITY-ST-ZIP BOCA RATON FL 33433

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
NAME
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

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

4/14/00
Date

954-943-1490
Daytime Phone #