

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002202

1. Entity Name  
CONCORDE USA, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 24 AM 11:40

Principal Place of Business *SE* Mailing Address *SE*  
507 MIZNER BLVD. 507 MIZNER BLVD.  
BOCA RATON FL 33432 BOCA RATON FL 33432



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>507 SE MIZNER BLVD</i>		3. Mailing Address	
Suite, Apt. #, etc. <i># 74</i>		Suite, Apt. #, etc.	
City & State <i>BOCA RATON</i>		City & State	
Zip <i>FL</i>	Country <i>33432</i>	Zip	Country
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

## 6. Name and Address of Current Registered Agent

SEGUI, MICHEL  
1251 S. FEDERAL HWY. *#122 124*  
BOCA RATON FL 33432

## 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 \_\_\_\_\_ (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 STREET ADDRESS CITY - ST - ZIP	MGRM SEGUI, MICHEL 1251 S. FEDERAL HWY. <i>#122 124</i> BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>2/3/1/00</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SEGUI, ALICE 1251 S. FEDERAL HWY. <i>#122 124</i> BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>300003164733-9</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>-03/10/00--01016--004</i> <i>*****50.00 *****50.00</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *X* *SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

*2/21/2000*  
Date

Daytime Phone #

CR2E083 (9/99)