

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003462

1. Entity Name
MOREAU, LLC

FILED

01 MAY -2 PM 1:37

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Principal Place of Business

363 ARAGON AVENUE, APT. 410
CORAL GABLES FL 33134

Mailing Address

363 ARAGON AVENUE, APT. 410
CORAL GABLES FL 33134



2. Principal Place of Business

2526 SW 24 Court

3. Mailing Address

same as Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Miami FL

Zip

33133

Country

Zip

Country

4. FEI Number

59-3583812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOREAU, RANDY D

363 ARAGON AVENUE, APT. 410

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Moreau, Randy D.

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

2526 SW 24 Court

City

Miami

FL

Zip Code

33133

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

Randy D. Moreau

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/01

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

500004303285--8
-05/23/01--01120--007
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MOREAU, RANDY
407 WEKIVA SPRINGS ROAD, SUITE 245
LONGWOOD FL 32779 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MOREAU, CAROL JOYCE
407 WEKIVA SPRINGS ROAD, SUITE 245
LONGWOOD FL 32779 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS / CHANGES

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

TITLE
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CITY-ST-ZIP
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)