

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000006098

1. Entity Name

LE PARIS-PROVENCE, L.C.

00 APR 18 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O BAUR, WOODBRIDGE, REUS & KLEIN
100 N. BISCAYNEBLVD., 21ST FLOOR
MIAMI FL 33132-2306

Mailing Address

C/O BAUR, WOODBRIDGE, REUS & KLEIN
100 N. BISCAYNEBLVD., 21ST FLOOR
MIAMI FL 33132



2. Principal Place of Business

530 Lincoln Road
Suite, Apt. #, etc.
Miami Beach, FL
City & State
33139 U.S.A.

3. Mailing Address

530 Lincoln Road
Suite, Apt. #, etc.
Miami Beach, FL
City & State
33139 U.S.A.

DO NOT WRITE IN THIS SPACE

MM

4. FEI Number

65-0951679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODBRIDGE, FREDERICK JR.
C/O BAUR, WOODBRIDGE, REUS & KLEIN
100 N. BISCAYNEBLVD., 21ST FLOOR
MIAMI FL 33132-2306

7. Name and Address of New Registered Agent

Name GRITO & BRITO
Street Address (P.O. Box Number is Not Acceptable)
407 Lincoln Road
Suite 5-B
City miami Beach FL Zip Code 33139

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 MGRM ☐ Delete
NAME BRIAND, RAPHAEL
STREET ADDRESS LA VILLE JOIE 44500 LA BAULE
CITY-ST-ZIP FRANCE

TITLE MGRM ☐ Delete
NAME GALETTO, BRUNO
STREET ADDRESS 76 AVENUE DES GRANDS BOIS
CITY-ST-ZIP 44800 ST. HERBLAIN FRANCE

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 5000003238765--1
-05/03/00--01016
*****50.00 *****50.00

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

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

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

TITLE ☐ Change ☐ Addition
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

4-5-2000 (305)377-3561

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

Date

Daytime Phone #

CR2E083 (9/99)