

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006170

1. Entity Name

PARIS CHIC CHOC LIMIED COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -4 PM 1:24

Principal Place of Business

1750 J & C BOULEVARD
UNIT 7
NAPLES FL 31409

Mailing Address

1750 J & C BOULEVARD
UNIT 7
NAPLES FL 34104-4716



2. Principal Place of Business

1870 ELSA ST.

Suite, Apt. #, etc.

Unit C

City & State

NAPLES, FLORIDA

Zip

34109

Country

3. Mailing Address

367 DOVER PL

Suite, Apt. #, etc.

1003

City & State

NAPLES, FLORIDA

Zip

34104

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applied

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOUDIER, FABIEN

1750 J & C BOULEVARD
UNIT 7
NAPLES FL 31409

7. Name and Address of New Registered Agent

Name

MARIE-A MALEBRANCHE

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

367 DOVER PL #1003

City

NAPLES

FL

Zip Code

34104

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

Marie Asseline Malebranche

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/31/2000

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME MALEBRANCHE, MARIE-ASSELIN ☐ Delete
STREET ADDRESS 1750 J & C BOULEVARD
CITY-ST-ZIP NAPLES FL 31409

TITLE MGRM
NAME BOUDIER, FABIEN ☐ Delete
STREET ADDRESS 1750 J & C BOULEVARD
CITY-ST-ZIP NAPLES FL 31409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME MALEBRANCHE, MARIE-ASSELIN ☐ Change
STREET ADDRESS 367 DOVER PL #1003
CITY-ST-ZIP NAPLES, FL. 34104

TITLE MGRM
NAME BOUDIER, FABIEN ☒ Change
STREET ADDRESS 367 DOVER PL #1003
CITY-ST-ZIP NAPLES, FL. 34104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600003128085--4
-02/08/00--0118--009
*****55.00 *****55.00

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

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

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:

Marie Asseline Malebranche
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

DATE

01/31/2000 (941) 26224

Daytime Phone #