

2000 UNIFORM BUSINESS REPORT (UBR)

L99000008951

DOCUMENT #
 1. Entity Name
 NOUVELLE VIE, LLC

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 JUN 15 PM 4:29

mf

Principal Place of Business Mailing Address
 701 BRICKELL KEY DRIVE #1408
 MIAMI, FLORIDA 33131

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 **65-0981976** 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
 GARY PALANQUE
 701 BRICKELL KEY DRIVE #1408
 MIAMI, FLORIDA 33131

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 *[Signature]* DATE 03/31/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME	<input type="checkbox"/> Delete
NATHALIE PALANQUE	
701 BRICKELL KEY DRIVE #1408	
MIAMI, FL. 33131 MIAMI	
TITLE NAME	<input type="checkbox"/> Delete
GARY PALANQUE	
701 BRICKELL KEY DRIVE #1408	
MIAMI, FL. 33131 MIAMI	
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
100003300301--2	
-06/22/00--01009--010	
*****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<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: *[Signature]* DATE: 03/31/00 DAYTIME PHONE #

CR2E083 (11/99)