

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M54017

1. Entity Name

FLORIDA ETOILE INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90183 029 ***150.00

Principal Place of Business

PERLMAN & FABER, P.A.
 799 BRICKELL PLAZA, STE 900
 MIAMI FL 33131
 US

Mailing Address

PERLMAN & FABER, P.A.
 799 BRICKELL PLAZA, STE 900
 MIAMI FL 33131-2805
 US

2. Principal Place of Business

c/o George D. Perlman, P.A.

Suite, Apt. #, etc. Suite 3000

701 Brickell Ave

City & State Miami, Florida

Zip 33131

Country USA

3. Mailing Address

c/o George D. Perlman, P.A.

Suite, Apt. #, etc. Suite 3000

701 Brickell Avenue

City & State Miami, Florida

Zip 33131

Country U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2821017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERLMAN AND FABER, P.A.
 799 BRICKELL PLAZA, STE 900
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name George D. Perlman, P.A.

Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue

Suite 3000

City Miami

FL

Zip Code 33131

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]

George D. Perlman, President

4/5/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	LEVY, RUBEN HAI	
STREET ADDRESS	799 BRICKELL PLAZA, SUITE 900	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, RUBEN HAI	
STREET ADDRESS	c/o George D. Perlman, P.A.	
CITY-ST-ZIP	701 Brickell Avenue, Suite 3000	
	Miami, Florida 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] RUBEN HAI LEVY, President

Date

Daytime Phone #

CR2E034 (9/99)