

2001 UNIFORM BUSINESS REPORT (UBR) - AMENDED

DOCUMENT # M54017

1. Entity Name

FLORIDA ETOILE, INC.

FILED

01 SEP 14 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

c/o 1 SE. 3rd Ave
STE. 960
Miami, FL 33131

Mailing Address

c/o 1 SE. 3rd Ave
STE. 960
Miami, FL 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

59-2821017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

LESLIE ALAN ROZENCWALG, ESQ.

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

LESLIE ALAN ROZENCWALG, P.A.

1 S.E. 3RD AVE., STE 960

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

Leslie Alan Rozencwalg

8/30/01

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 \$550.00

After September 12, 2001: Fee will be \$750.00

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 ☐ 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

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DIRECTOR

LEVY, RUBEN

c/o 1 SE. 3rd Ave #960

Miami, FL 33131

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

600004614366

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*****61.25 *****61.25

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change ☐ Addition

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 a power of attorney or like empowered.

SIGNATURE:

Leslie Alan Rozencwalg

8/30/01

305-379-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #