

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90005 014 ****61.25

DOCUMENT # N00000008004

1. Entity Name

U.F.E. FORT LAUDERDALE, INC.

Principal Place of Business

Mailing Address

**C/O TROPI ROCK RESORT
 2900 BELMAR STREET
 FT LAUDERDALE FL 33304**

**C/O TROPI ROCK RESORT
 2900 BELMAR STREET
 FT LAUDERDALE FL 33304**

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

65-1067226

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

**SYMONOVICZ, PHILIPPE ESQ.
 315 S.E. 7TH STREET
 FT LAUDERDALE FL 33301**

Name **JULLIEN Maurice**

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

2900 BELMAR Street.

City **Fort. LAUDERDALE**

FL

Zip Code
33304

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

JULLIEN Maurice (President)

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

(NOTE: Registered Agent signature required when relocating)

01/07/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **JULLIEN, MAURICE**
 STREET ADDRESS **2900 BELMAER STREET**
 CITY-ST-ZIP **FT LAUDERDALE FL 33304**

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

TITLE **D** ☐ Delete
 NAME **HIRSH, NICOLE**
 STREET ADDRESS **248 PLAYERS COURT**
 CITY-ST-ZIP **WEST PALM BEACH FL 33414**

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

TITLE **D** ☒ Delete
 NAME **RICHARD, FRANCIS**
 STREET ADDRESS **2900 BELMAR STREET**
 CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE **D** ☐ Change ☐ Addition
 NAME **CHARPENTIER Gerard (Tropi Rock)**
 STREET ADDRESS **2900 BELMAR Street.**
 CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE **D** ☐ Delete
 NAME **JULLIEN, CHRISTIANE**
 STREET ADDRESS **2900 BELMAR STREET**
 CITY-ST-ZIP **FT LAURERDALE FL 33304**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JULLIEN Maurice (President)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/02

Date

Daytime Phone #

CR2E037 (9/01)