

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90003 001 \*\*\*\*61.25

**DOCUMENT # N01724**

1. Entity Name

**CLUB RICHELIEU LES COPINES, INC.**

Principal Place of Business

**2116 N. 14TH TERRACE  
 HOLLYWOOD FL 33020**

Mailing Address

**210 SE 7TH STR.  
 DANIA FL 33004**

RU000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0060938**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LEFEBVRE, DENISE  
 210 SE 7TH STREET  
 DANIA FL 33004**

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

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

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TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEFEBVRE, DENISE</b>	NAME	
STREET ADDRESS	<b>210 SE 7TH STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DANIA FL 33004</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEMONTIENY, JEANINE</b>	NAME	
STREET ADDRESS	<b>2601 SW 48TH TER</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PARK FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOUCY, JEANNINE</b>	NAME	
STREET ADDRESS	<b>5121 SW 26TH CT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PARK FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SENECAL, MICHELE</b>	NAME	
STREET ADDRESS	<b>375 SW 14TH ST. #19</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DANIA FL 33004</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MASSON, JANINE</b>	NAME	
STREET ADDRESS	<b>1446 HAYES</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERNARD, RINA</b>	NAME	
STREET ADDRESS	<b>1822 WILSON</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	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: \_\_\_\_\_

*Denise Lefebvre*

*August 29-2001 - 6 P.M.*

CR2E037 (5/01)