

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

08-14-2001 90112 013 ****61.25

DOCUMENT # N95000001213

1. Entity Name

" ASSOCIATION FRANCO-FLORIDIENNE, INC. "



Principal Place of Business

ONE BISCAYNE TOWER, SUITE 1710
 2 SOUTH BISCAYNE BLVD.
 MIAMI FL 33131

Mailing Address

ONE BISCAYNE TOWER, SUITE 1710
 2 SOUTH BISCAYNE BLVD.
 MIAMI FL 33131



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 **65-0580184**

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

ELEDSTEIN, STEVEN A
 1200 AVNASTASIA AVE., STE 300
 CORAL GABLES FL 33134

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

TITLE **VSD** ☐ Delete
 NAME **EDELSTEIN, STEVE**
 STREET ADDRESS **1200 ANASTASIA AVE., STE. 300**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☐ Change ☒ Addition
 NAME **PHILIPPE LARMIER**
 STREET ADDRESS **COVADISIA CENTER 2**
 CITY-ST-ZIP **601 BRICKELL KEY DRIVE - SUITE 800**
MIAMI, FLORIDA 33131

TITLE **PD** ☐ Delete
 NAME **ELLISON, DAVID**
 STREET ADDRESS **P.O. BOX 248093, ASHE BLDG. RM. 521**
 CITY-ST-ZIP **CORAL GABLES FL 33124-4650**

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

TITLE **TD** ☒ Delete
 NAME **RIMAUD, JEAN-YVES**
 STREET ADDRESS **1200 BRICKELL AVENUE, STE. 1700**
 CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 August 2001

Date

(305) 444-5660

Daytime Phone #

CR2037 (5/01)