

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90472 039 ***150.00

DOCUMENT # P93000054100

1. Entity Name

SOCIAL CLUB LE RENDEZ-VOUS INC.

Principal Place of Business

**4850 NW 29TH CT
 123
 LAUDERDALE FL 33313
 US**

Mailing Address

**4850 NW 29TH CT
 123
 LAUDERDALE FL 33313
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FE# Number

65-0442765

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

ROBITAILLE, ROBERT

**4047 NW 16TH ST #105-D
 LAUDERHILL FL 33313**

Name **ROBERT ROBITAILLE**

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

4850 N.W 29TH COURT UNIT 123

City **LAUDERDALE LAKES**

FL

Zip Code
33313

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

ROBERT ROBITAILLE PRES 02/04/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **ROBITAILLE, ROBERT**
 STREET ADDRESS **4047 NW 16TH ST #105-D**
 CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **D** ☒ Change ☐ Addition
 NAME **ROBITAILLE ROBERT**
 STREET ADDRESS **4850 N.W 29TH COURT UNIT 123**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33313**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT ROBITAILLE PRES 02/04/02 454-731-2132

CP2E034 (9/01)