

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90116 011 \*\*\*150.00

DOCUMENT # P96000014992

1. Entity Name

LE MANS RE MANAGEMENT COMPANY OF MIAMI, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2333 PONCE DE LEON BLVD

Suite, Apt. #, etc.

SUITE 302

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Address

2333 PONCE DE LEON BLVD

Suite, Apt. #, etc.

SUITE 302

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

4. FEI Number

58-2222574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

CHRISTOPHE COLLE

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

2333 PONCE DE LEON BLVD

SUITE 302

City

CORAL GABLES

FL

Zip Code

33134

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office for registered agent, or both, in the State of Florida.

SIGNATURE

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

Christophe Colle, CEO

(Note: Registered Agent signature required when reinstating)

DATE

4/19/2002

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See Criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
D, CEO, T  
CHRISTOPHE COLLE  
STREET ADDRESS  
4110 BATTERSEA ROAD  
CITY-STATE-ZIP  
MIAMI FL 33133

TITLE  
NAME  
D, VP, S  
JACQUES LEMAIRE  
STREET ADDRESS  
19-21 RUE CHANZY  
CITY-STATE-ZIP  
72030 LEMANS CEDEX 9, FRANCE

TITLE  
NAME  
D  
JAMIE VEGHTE  
STREET ADDRESS  
19-21 RUE CHANZY  
CITY-STATE-ZIP  
72030 LEMANS CEDEX 9, FRANCE

TITLE  
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CITY-STATE-ZIP

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CITY-STATE-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CHRISTOPHE COLLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/2002

305-441-1979

CR2E034B (12/01)