

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90114 044 ****50.00

DOCUMENT # L98000002113

1. Entity Name

JACK'S SQUARE SMITH, L.L.C.

Principal Place of Business

**916 BENEDICT CANYON
BEVERLY HILLS CA 90210**

Mailing Address

~~916 BENEDICT CANYON
BEVERLY HILLS CA 90210~~

2. Principal Place of Business

3. Mailing Address

4221 WILSHIRE BL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

430

City & State

City & State

LOS ANGELES, CA

Zip

Country

Zip

Country

90010

C.A.

4. FEI Number

95-4707611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BAKER, PETER
500 EAST KENNEDY BLVD., SUITE 200C
TAMPA FL 33602**

7. Name and Address of New Registered Agent

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
PINCHASI, ABRAHAM
916 NORTH BENEDICT CANON ROAD
BEVERLY HILLS CA 90210**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
PINCHASI, EDDIE
916 BENEDICT CANYON
BEVERLY HILLS CA 90210**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)