

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004135

1. Entity Name
NOUVELLE PROMOTIONS, L.L.C.



FILED

03 MAY -2 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
19 WEST FLAGLER ST., SUITE 600
MIAMI, FL 33130

Mailing Address
19 WEST FLAGLER ST., SUITE 600
MIAMI, FL 33130

2. Principal Place of Business
1 SE 3rd AVENUE

3. Mailing Address
1 SE 3rd AVENUE

Suite, Apt. #, etc.
1440

Suite, Apt. #, etc.
1440

City & State
MIAMI

City & State
MIAMI

Zip
33131

Country
USA

Zip
33131

Country
USA

4. FEI Number
65-0932125

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

TURNER, DAVID M CPA
19 WEST FLAGLER STREET, SUITE 600
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name
CIPOLLETTI, CRISTINA
Street Address (P.O. Box Number is Not Acceptable)
1 SE 3rd AVENUE
Ste. 1440
City MIAMI FL Zip Code 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Cristina Cipolletti* (CRISTINA CIPOLLETTI)

4/29/03

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

(NOTE: Registered Agent's signature required when re-registering)

DATE

FILE NOW!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CIPOLLETTI, CRISTINA
3242 MARY STREET STE 317
MIAMI, FL 33133 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500017895725
05/02/03--01054--013 **50.00

TITLE
NAME
STREET ADDRESS
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☐ Delete

TITLE
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☐ Change ☐ Addition

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: *Cristina Cipolletti* (CRISTINA CIPOLLETTI) 4/29/03 786-301-4488

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

Date

Daytime Phone #

CR2E083 (10/02)