

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0008738 AF

DOCUMENT # L00000000071

1. Entity Name  
BRICKELL AUDIO VISUAL DESIGN GROUP, LLC

01 APR 26 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1408 BRICKELL BAY DRIVE  
SUITE 1017  
MIAMI FL 33131

Mailing Address

1408 BRICKELL BAY DRIVE  
SUITE 1017  
MIAMI FL 33131



2. Principal Place of Business

905 Brickell Bar Drive

Suite, Apt. #, etc.  
228

City & State  
Miami, Florida

Zip  
33131

Country  
U.S.A.

3. Mailing Address

905 Brickell Bay Drive

Suite, Apt. #, etc.  
228

City & State  
Miami, Florida

Zip  
33131

Country  
U.S.A.

4. FEI Number

65-0977753

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BEAL, JASON  
1408 BRICKELL BAY DRIVE  
SUITE 1017  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name  
Beal, Jason

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

905 Brickell Bay Drive Suite 228

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
President  
Jason Beal  
905 Brickell Bay Drive # 228  
Miami, Florida 33131

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
400004191784-6  
-05/09/01-01131-002  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

SIGNATURE REQUIRED

4-20-01

305-377-2211

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

Date

Daytime Phone #

CR2E083 (11/00)