

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 27, 2002 8:00 am**  
**Secretary of State**

08-27-2002 90115 019 \*\*\*\*50.00

**DOCUMENT # L00000000116**

1. Entity Name  
**PRE-DATING EVENTS, LLC**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1629 SW 81ST AVE., STE. 430**  
**NORTH LAUDERDALE FL 33068**

Mailing Address  
**1629 SW 81ST AVE., STE. 430**  
**NORTH LAUDERDALE FL 33068**

2. Principal Place of Business

3. Mailing Address

**8168 W. McNab Road**

**8168 W. McNab Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**STE 430**

**STE 430**

City & State

City & State

**North Lauderdale**

**North Lauderdale**

Zip

Country

Zip

Country

**33068**

**33068**

4. FEI Number **65-0971759**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANGELL CORPORATE SERVICES, INC.**  
**ONE NORTH CLEMATIS STREET**  
**SUITE 400**  
**WEST PALM BEACH FL 33401-0000**

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

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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM**  
**KONIGSBERG, JOSHUA** ☒ Delete  
**11300 US HIGHWAY ONE, STE. 400**  
**NORTH PALM BEACH FL 33408**

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM** ☐ Delete  
**GELORMINE, VINCE**  
**1629 SW 81ST AVE., STE. 430**  
**NO. LAUDERDALE FL 33068**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
**8168 W. McNab Road, STE 430**  
**NO. Lauderdale FL 33068**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ 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: **Vince Gelormine**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**8-21-02**

**954-741-3670**

Date

Daytime Phone #

CR2E083 (4/02)