

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004005

1. Entity Name

EVENT MASTERS PROFESSIONAL EVENT MANAGEMENT, L.L

FILED

01 MAY -3 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

132 EAST COLONIAL DRIVE, SUITE 207
ORLANDO FL 32801

Mailing Address

132 EAST COLONIAL DRIVE, SUITE 207
ORLANDO FL 32801

2. Principal Place of Business

9115 QUEEN ELIZABETH CT.

3. Mailing Address

9115 QUEEN ELIZABETH CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32818-6937

Country

ORANGE

Zip

32818-6937

Country

ORANGE

4. FEI Number

59-3585018

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

TUKDARIAN & UNCAPHER, P.A.
228 HILLCREST STREET
ORLANDO FL 32801

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME GIGICOS, GEORGE ☒ Delete
STREET ADDRESS 132 EAST COLONIAL DRIVE, SUITE 207
CITY-ST-ZIP ORLANDO FL 32801

TITLE MGR
NAME GONZALEZ, ADRIAN ☐ Delete
STREET ADDRESS 132 EAST COLONIAL DRIVE, SUITE 207
CITY-ST-ZIP ORLANDO FL 32801

TITLE MGR
NAME KING, SUSAN M ☒ Delete
STREET ADDRESS 132 EAST COLONIAL DRIVE, SUITE 207
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME 000004335890 ☐ Addition
STREET ADDRESS -05/31/01--01044--010
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9115 QUEEN ELIZABETH CT.
CITY-ST-ZIP ORLANDO, FL 32818-6937

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

TITLE ☐ Change ☒ Addition
NAME MGR
STREET ADDRESS NORRINE GONZALEZ
CITY-ST-ZIP 9115 QUEEN ELIZABETH CT.
ORLANDO, FL 32818-6937

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

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

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

Date

Daytime Phone #

CR2E083 (11/00)