

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90247 004 ****50.00

DOCUMENT # L00000004941

1. Entity Name

ENTRY LABEL, LLC

Principal Place of Business

P.O. BOX 221222
HOLLYWOOD FL 33022

Mailing Address

P.O. BOX 221222
HOLLYWOOD FL 33022

970097



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1034663

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WOLKOV, BENJAMIN
6422 COLLINS AVE., APT. #603
MIAMI BEACH FL 33141

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WOLKO, BENJAMIN
6422 COLLINS AVE., APT. #603
MIAMI BEACH FL 33141

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
POTTERVILD, JESSE
2357 LECONTE AVENUE
BERKELEY CA 94709

☐ Delete

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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:

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

07/01/02 **305-810-2591**

Daytime Phone #

CR2E083 (9/01)