

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0008309 AF

DOCUMENT # L00000005081

1. Entity Name
SOBE CREATIVE GROUP, LLC

01 APR 20 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
315 WEST 28TH STREET
#3
MIAMI FL 33140

Mailing Address
315 WEST 28TH STREET
#3
MIAMI FL 33140



2. Principal Place of Business
407 LINCOLN ROAD

3. Mailing Address
407 LINCOLN RD.

Suite, Apt. #, etc.
SUITE 11F

Suite, Apt. #, etc.
SUITE 11F

City & State
MIAMI BEACH FL

City & State
MIAMI BEACH FL

Zip
33139

Country
USA

Zip
33139

Country
USA

4. FEI Number
651008593

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

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32811

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 _____ (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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
CEO	GIUSEPPE CARRINO	407 LINCOLN RD. #11F, MIAMI BEACH, FL 33139		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

03/13/01 305-6730335

CR2E083 (11/00)