

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90003 040 ***50.00

DOCUMENT # L00000005081

1. Entity Name

SOBE CREATIVE GROUP, LLC



Principal Place of Business

**407 LINCOLN RD., STE. 11F
MIAMI BEACH FL 33139**

Mailing Address

**407 LINCOLN RD., STE. 11F
MIAMI BEACH FL 33139**

2. Principal Place of Business

227 MICHIGAN AVE,

3. Mailing Address

227 MICHIGAN AVE

Suite, Apt. #, etc.

#302

Suite, Apt. #, etc.

#302

City & State

MIAMI BEACH, FL

City & State

Miami Beach, FL

Zip

Country

33139 USA

Zip

Country

33139 USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1008593**

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

Name **COLLARINO, GIUSEPPE**

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

227 MICHIGAN AVE, #302

City **Miami Beach**

FL

Zip Code

33139

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **CEO** ☐ Delete
NAME **COLLARINO, GUSEPPE**
STREET ADDRESS **407 LINCOLN RD., STE. 11F**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **CEO** ☐ Change ☐ Addition
NAME **COLLARINO, GIUSEPPE**
STREET ADDRESS **227 MICHIGAN AVE, #302**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 REQUIRED

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

03/24/03 (305) 815 4376

Date

Daytime Phone #

CR2E083 (10/02)