

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90124 006 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005555

MINT ENTERTAINMENT, LLC

954044

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1. Place of Business 222 COLLINS AVE		3. Mailing Address J. SCHECHTMAN CPA 9050 PINES BLVD Suite, Apt. #, etc. SUITE 205		4. FEI Number 65-1007529		Applied For Not Applicable
MIAMI BEACH, FL		City & State PEMBROKE PINES, FL		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		
33139	Country USA	Zip 33024	Country USA			

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7. Name and Address of Current Registered Agent

Name ROBERTO CAAN

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

830 W. DILIDO DRIVE

City MIAMI BEACH, FL Zip Code 33139

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

MANAGING MEMBERS/MANAGERS

ROBERTO CAAN
 830 W. DILIDO DRIVE
 MIAMI BEACH, FLORIDA 33139

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

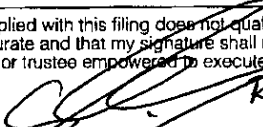
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature 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:  ROBERTO CAAN
 PRESIDENT

4/22/02 (305) 674-9154

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

Date

Daytime Phone #

CR2E083B (12/01)