

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006692

1. Entity Name

2HOT ENTERTAINMENT LLC

Principal Place of Business

3913 NORTHEAST 21ST AVENUE
FORT LAUDERDALE FL 33308

Mailing Address

3913 NORTHEAST 21ST AVENUE
FORT LAUDERDALE FL 33308

FILED

01 JUL 23 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4833 NE 23rd Ave

3. Mailing Address

Suite, Apt. #, etc. Same

Suite, Apt. #, etc. 6

City & State

Fort lauderdale FL

City & State

Zip

33308

Country

USA

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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
Due By September 26, 2001

100004500261--4

-07/26/01--01072--011

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME AZIZ, OZLEM
STREET ADDRESS 3913 NORTHEAST 21ST AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Delete

TITLE MGR
NAME LE-ROSEN, GLEN
STREET ADDRESS 3913 NORTHEAST 21ST AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME AZIZ, OZLEM
STREET ADDRESS 4833 NE 23rd Ave, No. 6
CITY-ST-ZIP Fort lauderdale, FL 33308 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: X

SIGNATURE REQUIRED

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

11 July 2001 (954) 829-8318

Date

Daytime Phone

CF2E083 (5/01)

STAPLE CHECK HERE