

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007262

1. Entity Name

BROKEN SOUND UNITED LLC

Principal Place of Business

7777 GLADES ROAD
SUITE 201
BOCA RATON FL 33434

Mailing Address

7777 GLADES ROAD
SUITE 201
BOCA RATON FL 33434

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1022808

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CROWE, MELISSA
7777 GLADES ROAD
SUITE 201
BOCA RATON FL 33434

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

100004422481--3

-06/15/01--01062--006

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

9. MANAGING MEMBERS / MEMBERS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Jeffrey Schmier
7777 Glades Rd, Ste. 201
Boca Raton, Fl. 33434

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
David Epstein
7777 Glades Rd. Ste 201
Boca Raton, Fl. 33434

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Melissa Crowe
7777 Glades Rd. Ste 201
Boca Raton, Fl. 33434

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

4/26/01

(561) 483-2330

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

Date

Daytime Phone #

CR2E083 (11/00)

001-387 AF

FILED

01 JUN -4 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE