

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90061 005 ****50.00

DOCUMENT # L00000007394

1. Entity Name

ALPHA FLORIDA ENTERTAINMENT, L.L.C.

Principal Place of Business

**990 NW 166TH ST., SUITE A
MIAMI FL 33169**

Mailing Address

**990 NW 166TH ST., SUITE A
MIAMI FL 33169**

2. Principal Place of Business

29-76 Northern Blvd

Suite, Apt. #, etc.
2nd floor

City & State

Long Island City NY

Zip

11101

Country

USA

3. Mailing Address

29-76 Northern Blvd

Suite, Apt. #, etc.
2nd floor

City & State

Long Island City NY

Zip

11101

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

06-1589410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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.

MANAGER

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **ARO, THOMAS W**
STREET ADDRESS **12 3 49TH ST., 24TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **MGR** ☒ Change ☐ Addition
NAME **ARO, Thomas W**
STREET ADDRESS **29-76 Northern Blvd 2nd floor**
CITY-ST-ZIP **Long Island City NY 11101**

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

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

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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

MANAGER

1/23/02

718 685 3014

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

Date

Daytime Phone #

CR2E083 (9/01)