

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006645 AF

DOCUMENT # L00000007416

1. Entity Name

TENTH STREET ENTERTAINMENT, LLC

FILED

01 FEB 15 PM 4:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

51 NORTHEAST 10TH STREET  
POMPANO BEACH FL 33060

Mailing Address

51 NORTHEAST 10TH STREET  
POMPANO BEACH FL 33060

2. Principal Place of Business

3. Mailing Address

3127 W. Hall. Beh B (handwritten)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8115 (handwritten)

City & State

City & State

Pembroke Park, FL (handwritten)

Zip

Country

Zip

Country

33009 (handwritten)

USA (handwritten)

4. FEI Number

65-1021911 (handwritten)

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILINGS, INC.

3732 NORTHWEST 16TH STREET  
FORT LAUDERDALE FL 33311

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

300003708633--4  
-02/19/01--01007--015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM CHUSID, HOWARD  
STREET ADDRESS 51 NORTHEAST 10TH STREET  
CITY-ST-ZIP POMPANO BEACH FL 33060 ☐ Delete

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

TITLE NAME MGRM MARTINETTE, CHARLES  
STREET ADDRESS 51 NORTHEAST 10TH STREET  
CITY-ST-ZIP POMPANO BEACH FL 33060 ☐ Delete

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/15/01 954-964-6800 (handwritten)

CR2E083 (11/00)