

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001199 AF

**DOCUMENT #** L00000007798

**1. Entity Name**  
S PRINCESS HOLDINGS, LLC

FILED  
01 MAY -1 PM 5:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business**  
235 LINCOLN ROAD, SUITE 204  
MIAMI BEACH FL 33139

**Mailing Address**  
235 LINCOLN ROAD, SUITE 204  
MIAMI BEACH FL 33139



**2. Principal Place of Business**  
437 41st St.  
Suite, Apt. #, etc. 212

**3. Mailing Address**  
437 41st St.  
Suite, Apt. #, etc. 212

DO NOT WRITE IN THIS SPACE

**City & State**  
Miami Beach, FL

**City & State**  
Miami Beach, FL

**Zip** 33140 **Country** USA

**Zip** 33140 **Country** USA

**4. FEI Number**  
65-102-0532

**Applied For**  
☐ Not Applicable

**6. Name and Address of Current Registered Agent**  
CORPORATE CREATIONS NETWORKS INC.  
941 FOURTH STREET #200  
MIAMI BEACH FL 33139

**7. Name and Address of New Registered Agent**  
**Name**  
305-672-9200 Management, Inc.  
**Street Address (P.O. Box Number is Not Acceptable)**  
437 41st St. #200  
**Miami Beach, FL 33140**  
**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]* Pres./305-672-9200 Management, Inc. 4/25/01  
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**

**9. MANAGING MEMBERS/MEMBERS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>PRESNELL, SHALESE</b> 235 LINCOLN ROAD, SUITE 204 MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	437 41st St. 212 Miami Beach, FL 33140 Presnell, Shalese M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** *Shalese Presnell* 4/25/01 305-672-2700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)