

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011060

1. Entity Name

XXXBUSTER.COM, LLC.

FILED

01 JUL 10 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3045R ORANGE ST.
MIAMI FL 33133

3045R ORANGE ST.
MIAMI FL 33133

2. Principal Place of Business

3045R ORANGE ST

3. Mailing Address

3045R ORANGE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1039240

Applied For

Not Applicable

Zip

33133

Country

USA

Zip

33133

Country

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SILVER, KENNETH
3045R ORANGE ST.
MIAMI FL 33133

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

9. MANAGING MEMBERS/MANAGERS

TITLE: PRESIDENT
NAME: KENNETH SILVER
STREET ADDRESS: 3045R ORANGE ST
CITY-ST-ZIP: MIAMI FL 33133

TITLE: SECRETARY
NAME: ELLIOT SILVER
STREET ADDRESS: 111 E 14th St
CITY-ST-ZIP: NEW YORK NY 10003

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

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

10. ADDITIONS/CHANGES

TITLE: PRESIDENT
NAME: KEN SILVER
STREET ADDRESS: 3045R ORANGE ST
CITY-ST-ZIP: MIAMI FL 33133

TITLE: SECRETARY
NAME: ELLIOT SILVER
STREET ADDRESS: 111 E 14th St
CITY-ST-ZIP: NY NY 10003

TITLE:
NAME: 00000448140
STREET ADDRESS: -07/17/01-01091-031
CITY-ST-ZIP: *****50.00 *****50.00

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

TITLE:
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CITY-ST-ZIP:

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

Date

Daytime Phone #

07/03/01 305-443-3038

CR2E083 (5/01)

STAPLE CHECK HERE