

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90086 017 \*\*\*\*\*50.00

**DOCUMENT # L00000012155**

1. Entity Name

**CZAR OF BIZARRE, LLC**

Principal Place of Business

625 EAST COLONIAL DRIVE  
 ORLANDO FL 32803

Mailing Address

625 EAST COLONIAL DRIVE  
 ORLANDO FL 32803

2. Principal Place of Business

**6927 University Blvd.**

3. Mailing Address

**1902 Merritt Park Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Winter Park, FL**

City & State

**Orlando, FL**

4. FEI Number

**59-3674593** **APPLIED FOR**

Applied For

Not Applicable

**32792**

Country  
**USA**

**32803**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**WHITACRE, WILLIAM L  
 1000 UNIVERSAL STUDIOS PLAZA  
 BUILDING 22A, SUITE 247  
 ORLANDO FL 32819-7610**

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **MONELLO, MICHAEL**  
 STREET ADDRESS **625 EAST COLONIAL DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **MGR** ☐ Delete  
 NAME **MEAH, JOHNNY**  
 STREET ADDRESS **11218 MCMULLEN LOOP**  
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **MGR** ☐ Delete  
 NAME **GLOBALMEDIA DESIGN, INC.**  
 STREET ADDRESS **6927 UNIVERSITY BLVD.**  
 CITY-ST-ZIP **WINTER PARK FL 32792**

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 **MONELLO, MICHAEL**  
 STREET ADDRESS **1902 MERRITT PARK DR.**  
 CITY-ST-ZIP **ORLANDO, FL 32803**

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

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

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

Date

Daytime Phone #

**3/29/02 407-897-7017**

CR2E083 (9/01)