2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2001 08:00 AM
Secretary of State

DOCUMENT # **L00000013982**

1. Entity Name
BUBBLES, L.L.C.

Principal Place of Business	Mailing Address
277 NORTH COCONUT LANE	277 NORTH COCONUT LANE
MIAMI BEACH FL 33134	MIAMI BEACH FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
423 16TH STREET	PO BOX 190837
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH FL	City & State: MIAMI BEACH FL
Zip: 33139 Country:	Zip: 33119 Country:

4. FEI Number 65-1054960 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MADORSKY MARSHA G	Name
100 S.E. 2ND STREET	Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL	City FL Zip Code
33131 US	

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 ______________________ 01/14/2001
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		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	MGR ☒ Change ☐ Addition
NAME	MUSE-BEM JOELLE	NAME	MUSE-BEM JOELLE
STREET ADDRESS	277 NORTH COCONUT LANE	STREET ADDRESS	277 NORTH COCONUT LANE
CITY-ST-ZIP	MIAMI BEACH FL	CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	MGR ☐ Delete	TITLE	MGR ☒ Change ☐ Addition
NAME	BEM EUGENE S	NAME	BEM EUGENE S
STREET ADDRESS	277 NORTH COCONUT LANE	STREET ADDRESS	277 NORTH COCONUT LANE
CITY-ST-ZIP	MIAMI BEACH FL	CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (11/00)

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: Eugene Bem MGR 01/14/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #