

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015661

1. Entity Name

MAGIC CITY ENTERTAINMENT, LLC

Principal Place of Business

Mailing Address

L00000015661

FILED
01 MAY 21 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

13644 SW 142 AVE, STE. D. (S9ME)

Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI

City & State

FLORIDA

Zip

33186

Country

DADE

Zip

Country

4. FEI Number

65-1069241

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

ROBERT E. MURDOCH
JOHNSON, ANSELMO, MURDOCH, BURKE & GEORGE PA
790 E. BROWARD BLVD, SUITE 400
FT. LAUDERDALE, FLORIDA 33301

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OSCAR LLORD 13644 SW 142 AVE, SUITE D MIAMI FL 33186 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | GEN. MANAGER RICHARD LOM 9305 SW 122 LN MIAMI FL 33176 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY MARIA LLORD 9305 SW 122 LN MIAMI FL 33176 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 700004419267-5 -06/14/01--01019--021 *****50.00 *****50.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE 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 of the receiver or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes.

SIGNATURE: Maria Lord (MARIA LLORD)

5/15/01 (305) 278-9885

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

Date

Daytime Phone #

CR2E083 (11/00)