

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 APR 27 AM 11:12

SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L00000016054  
**1. Entity Name**  
 CURAZAR PRODUCTIONS, L.L.C.

**Principal Place of Business**  
 15720 Bull Run Road  
 # H481  
 Miami Lakes FL 33014

**Mailing Address**  
 15720 Bull Run Road  
 # H481  
 Miami Lakes FL 33014

**2. Principal Place of Business**  
 15720 Bull Run Road  
 Suite, Apt. #, etc.  
 # H481

**3. Mailing Address**  
 15720 Bull Run Road  
 Suite, Apt. #, etc.  
 # H481

**City & State**  
 Miami Lakes FL

**City & State**  
 Miami Lakes FL

**Zip** 33014 **Country** USA

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**4. FEI Number**  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**  
 William H. Albornoz, Esq  
 901 Ponce de Leon Blvd  
 Suite 603  
 Coral Gables FL 33134

**7. Name and Address of New Registered Agent**  
 Name: Elizabeth A. Curry  
 Street Address (P.O. Box Number is Not Acceptable)  
 15720 Bull Run Road  
 # H481  
 City: Miami Lakes FL Zip Code: 33014

**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: *Elizabeth A. Curry* DATE: 04/24/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
 Make Check Payable to Department of State

200004213072--2  
 -05/11/01--01134--007  
 \*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Elizabeth A. Curry 15720 Bull Run Road #481 Miami Lakes FL 33014 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Barry Richards 23814 Strathern Street West Hills CA 91304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Elizabeth A. Curry - same as above - <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Debra Richards 23814 Strathern Street West Hills CA 91304 <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

10. ADDITIONS/CHANGES	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

SIGNATURE: *Elizabeth A. Curry* DATE: 04/24/01 DAYTIME PHONE #: 305.556.6072  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)