

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90267 037 ****50.00

DOCUMENT # L01000004049

1. Entity Name

ADRENALINE ENTERTAINMENT, L.L.C.

Principal Place of Business

Mailing Address

9225 Collins Avenue
 Suite # PH G
 Miami, Florida 33154

967114

2. Principal Place of Business

1865 Kennedy Causway

3. Mailing Address

Suite, Apt. #, etc.

5-D

Suite, Apt. #, etc.

City & State

North Bay Village, FL

City & State

4. FEI Number

52-2301470

Applied For

Not Applicable

Zip

33141

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Feldenkrais, Michael Esq.
 290 N.W. 165th Street
 Plaza 100
 Miami, FL 33169

7. Name and Address of New Registered Agent

Name

Jorge E. Oyarce

Street Address (P.O. Box Number is Not Acceptable)

C/O JE OYARCE & ASSOCIATES

199 S.W. 12th Avenue, Suite #11

City

Miami

FL

Zip Code
 33130

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

Jorge E. Oyarce

04/24/02

Signature, typed or printed name of registered agent and title

(NOTE: Registered Agent signature required when reappointing)

DATE

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME Ferrer, Adriana
STREET ADDRESS 9225 Collins Avenue, Suite # PH G
CITY-ST-ZIP Miami, FL 33154

TITLE MGRM ☐ Delete
NAME Hernandez, Joaquin
STREET ADDRESS 9225 Collins Avenue, Suite # PH G
CITY-ST-ZIP Miami, FL 33154

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 MGRM ☒ Change ☐ Addition
NAME Ferrer, Adriana
STREET ADDRESS 1865 Kennedy Causway, Suite 5-D
CITY-ST-ZIP North Bay Village, FL 33141

TITLE MGRM ☒ Change ☐ Addition
NAME Hernandez, Joaquin
STREET ADDRESS 1865 Kennedy Causway, Suite 5-D
CITY-ST-ZIP North Bay Village, FL 33141

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

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

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

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)(f), 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 606, Florida Statutes.

SIGNATURE:

SIGNATURE

Adriana Ferrer MGRM

305-324-2248

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

Date 04/24/02

Daytime Phone #

CR2E083 (8/01)