

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90029 035 ****55.00

DOCUMENT # L01000004823

1. Entity Name
APEX PROMOTIONS, L.L.C.



Principal Place of Business

**2503 MADISON STREET
HOLLYWOOD FL 33020**

Mailing Address

**2503 MADISON STREET
HOLLYWOOD FL 33020**

20023217



2. Principal Place of Business

3. Mailing Address

843 Washington Ave

843 Washington Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami beach, FL

Miami beach FL

City & State

City & State

33139

33139

Zip

Country

USA

Zip

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1119995**

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

**GALLE, MAURIZIO
2503 MADISON STREET
HOLLYWOOD FL 33020**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Maurizio Galle

MAURIZIO GALLE

21-01-03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GALLE, MAURIZIO
2503 MADISON STREET
HOLLYWOOD FL 33020** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
OSTOJIC, PREDRAG
2503 MADISON STREET
HOLLYWOOD FL 33020** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Dino Petreccia
3201 cocoplum cide
Coconut creek FL
33063** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

Maurizio Galle

MAURIZIO GALLE

01-21-03 954-647-8017

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

Date Daytime Phone #

CR2E083 (10/02)