

**FILED**  
**Jul 01, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90005 010 \*\*\*\*50.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000006272

1. Entity Name

POPERA MUSIC &amp; AMUSEMENT GROUP, L.L.C.

Principal Place of Business

2 CASUARINA CONOURSE  
CORAL GABLES FL 33143

Mailing Address

2 CASUARINA CONOURSE  
CORAL GABLES FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

 CARLIN, DONALD  
 2 CASUARINA CONOURSE  
 CORAL GABLES FL 33143

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

 TITLE NAME ☐ Delete  
 Managing member  
 Donald Carlin  
 STREET ADDRESS  
 2 casuarina concourse  
 CITY- ST- ZIP  
 Coral Gables FL 33143

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

 TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY- ST- ZIP

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

 TITLE NAME ☐ Delete  
 STREET ADDRESS  
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 TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY- ST- ZIP

 TITLE NAME ☐ Change ☐ Addition  
 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)(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 60B, Florida Statutes.

SIGNATURE:

 Signature Required  
 Signature and typed or printed name of signing managing member, manager, or authorized representative

4/11/02

(305) 446-2271

Date

Daytime Phone #

CPREC03 (9/01)