## **2002 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L01000010175

1. Entity Name

ACE PRO SOUND & RECORDING, L.L.C.

Principal Place of Business Mailing Address 3342 N.E. 171 3342 N.E. 171 NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1134834 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEINMAN, JAY A Street Address (P.O. Box Number is Not Acceptable) BANK OF AMERICA AT INTERNATIONAL PLACE 100 S.E. 2ND STREET NORTH MIAMI BEACH FL 33160 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MANASER/MEMBER TITLE ☐ Delete TITLE ☐ Change ☐ Addition Fregerick Rubin NAME NAME STREET ADDRESS 3342 171 5 West STREET ADDRESS CITY-ST-ZIP 33160 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Addition NAME NAME

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 eignature 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.

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIP

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

8-23-02

3294

☐ Change

☐ Addition

Daytime Ph∟e #

**FILED** 

Aug 28, 2002 8:00 am Secretary of State

08-28-2002 90035 022 \*\*\*\*50.00

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