

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90080 038 \*\*\*\*50.00

**DOCUMENT # L01000014680**

1. Entity Name

**THE ART OF LIGHT & SOUND, LLC**

Principal Place of Business

760 NW 107 AVE. #209  
 MIAMI FL 33172

Mailing Address

760 NW 107 AVE. #209  
 MIAMI FL 33172

2. Principal Place of Business

760 N.W. 107 AVE  
 Suite, Apt. #, etc.  
 209

3. Mailing Address

8900 S.W. 85 AVE  
 Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami FL

Zip

33172

Country

USA

Zip

33156

Country

USA

4. FEI Number

65-1139248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

JAVIER SUAREZ, FERNANDO  
 760 NW 107 AVE. #209  
 MIAMI FL 33172

7. Name and Address of New Registered Agent

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

TITLE: President  
 NAME: Javier Suarez  
 STREET ADDRESS: 760 N.W. 107 AVE #209  
 CITY-ST-ZIP: Miami, FL 33172

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10. ADDITIONS/CHANGES

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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** **SIGNATURE REQUIRED**

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

1/30/12 305-219-4353  
 Date Daytime Phone #

CR2E083 (9/01)