2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State
03-05-2002 90005 026 ****50.00

22304

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000016583

1. Entity Name
ELITE ADULT ENTERTAINMENT GROUP, L.L.C.

Principal Place of Business	Mailing Address
20900 LEWARD CT., UNIT 213 AVENTURA FL 33180	20900 LEWARD CT., UNIT 213 AVENTURA FL 33180

2. Principal Place of Business	3. Mailing Address
6306 SW 191 Avenue	6306 SW 191 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, FL	City & State: Pembroke Pines, FL
Zip: 33332 Country: U.S.A.	Zip: 33332 Country: U.S.A.

4. FEI Number 65-1140569 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NADEL, MELISSA L 20900 LEWARD CT., UNIT 213 AVENTURA FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 6306 SW 191 Avenue Pembroke Pines, FL 33332	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YARALI, ALPER 20900 LEWARD CT., UNIT 213 AVENTURA FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 6306 SW 191 Avenue Pembroke Pines, FL 33332	☒ Change ☐ Addition
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CR2E083 (9/01)

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 Date Daytime Phone #