

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90036 011 ****55.00

DOCUMENT # L02000000944

1. Entity Name

CHRONIC RECORDS & ENTERTAINMENT, LLC



Principal Place of Business

**5348 S.W. 132ND AVE.
MIRAMAR FL 33027**

Mailing Address

**5348 S.W. 132ND AVE.
MIRAMAR FL 33027**

20006490



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3588042

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

BYRON N. MALCOLM

Street Address (P.O. Box Number is Not Acceptable)

17038 W DIXIE Hwy #223

City

N MIAMI BEACH

FL

Zip Code

33160

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

Byron N. Malcolm

(NOTE: Registered Agent signature required when reinstating)

01/06/2003

DATE

FILE NOW!!! FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **SMITH, TITO M**
STREET ADDRESS **5348 S.W. 132ND AVE.**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **MGRM** ☐ Delete
NAME **ALCOLM, BYRON N**
STREET ADDRESS **5348 S.W. 132ND AVE.**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 608, Florida Statutes.

SIGNATURE:

Byron N. Malcolm

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

01/06/2003

Date

Daytime Phone #

CR2E083 (10/02)