

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0000333

DOCUMENT # L02000002611

1. Entity Name

MAVIC ENTERPRISES 2001, L.L.C.



Principal Place of Business

Mailing Address

1360 ALABAMA DRIVE  
WINTER PARK FL 32789

1360 ALABAMA DRIVE  
WINTER PARK FL 32789

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

☒ 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

LEFKOWITZ, IVAN M.  
430 NORTH MILLS AVENUE  
ORLANDO FL 32803

Name: Brian Consory  
Street Address (P.O. Box Number is not acceptable): 951 Broken Sound Pkwy NW  
Suite: 225  
City: Boca Raton FL Zip Code: 33487

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

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 Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: Managing Member ☐ Delete  
NAME: Alexander Jurgens  
STREET ADDRESS: 1360 Alabama DR WP FL 32789  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME: 200037665972  
STREET ADDRESS: 06/04/04--01032--029 \*\*100.00  
CITY-ST-ZIP:

TITLE: Member ☐ Delete  
NAME: Victoria Jurgens  
STREET ADDRESS: 1360 Alabama DR WP FL 32789  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME: 200037665972  
STREET ADDRESS: 06/04/04--01032--029 \*\*100.00  
CITY-ST-ZIP:

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

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

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

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

TITLE: ☐ Delete  
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CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
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CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (4/03)

FILED  
04 MAY 24 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH



☐ CHECK HERE IF MAKING CHANGES

5/24