

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90270 007 ****50.00

0013187

DOCUMENT # L02000025312

1. Entity Name
CW GALLERY, LLC



Principal Place of Business
**100 S.E. 2ND STREET
SUITE 3950 C/O NORMAN S. WEIDER
MIAMI FL 33131**

Mailing Address
**100 S.E. 2ND STREET
SUITE 3950 C/O NORMAN S. WEIDER
MIAMI FL 33131**

00004734



2. Principal Place of Business
1766 BAY ROAD
Suite, Apt. #, etc.

3. Mailing Address
1766 BAY ROAD
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI BEACH FL.
Zip
33139 Country
DADE

City & State
MIAMI BEACH FL.
Zip
33139 Country
DADE

4. FEI Number
46-0501918 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**WEIDER, NORMAN S ESQ.
100 S.E. 2ND STREET
SUITE 3950
MIAMI FL 33131**

7. Name and Address of New Registered Agent
Name
CHAMP ENTERTAINMENT LLC
Street Address (P.O. Box Number is Not Acceptable)
1766 BAY ROAD
City
MIAMI BEACH FL Zip Code
33139

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 **MAURICE MEMBER**
Signature, typed or printed name of registered agent and title if applicable.

4/28/03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| 10. ADDITIONS/CHANGES | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

3-20-03

Date

305-695-0000

Daytime Phone #

CR2E083 (10/02)