

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000444**

1. Entity Name
FLA FILMWORKS, L.C.

FILED

01 JUN 11 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2030 PARK AVENUE, NO. G15
MIAMI BEACH FL 33139**

Mailing Address
**2030 PARK AVENUE, NO. G15
MIAMI BEACH FL 33139**



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business

4200 NE 1st Ave

Suite, Apt. #, etc.

3. Mailing Address

4200 NE 1st Ave

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33137

Country

Dade

City & State

Miami FL

Zip

33137

Country

Dade

4. FEI Number

65-0830794

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRAUN, SUSAN
2030 PARK AVENUE, NO. G15
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

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

4200 NE 1st Ave

City

Miami

FL

Zip Code

33137

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

Susan K. Braun

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**

100004429731--4

-06/19/01--01060--008

*******55.00 *****55.00**

9. MANAGING MEMBERS/MEMBERS

TITLE **MGR** ☐ Delete
NAME **BRAUN, SUSAN**
STREET ADDRESS **2030 PARK AVENUE, NO. G15**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4200 NE 1st Avenue**
CITY-ST-ZIP **Miami, FL 33137**

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

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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:

Susan K. Braun

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

6/1/01 (305)438-0193

Date

Daytime Phone #

CR2E083 (11/00)