

2001 UNIFORM BUSINESS REPORT (UBR)

0013040 AF

DOCUMENT # L98000001539

1. Entity Name
AMERICANA INTERNATIONAL, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 19 AM 11:24



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3487 DERBY LAND
~~UNIT B~~
WESTON FL 33331

Mailing Address
3487 DERBY LAND
~~UNIT B~~
WESTON FL 33331

2. Principal Place of Business
P.O. Box 267457
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 267457
Suite, Apt. #, etc.

City & State
Weston, FL
Zip
33326
Country

City & State
Weston, FL
Zip
33326
Country

4. FEI Number 52-2116207

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOSS, KENNETH
3487 DERBY LANE
WESTON FL 33331

7. Name and Address of New Registered Agent

Name Mitchell Green
Street Address (P.O. Box Number is Not Acceptable)
4000 Hollywood Boulevard
#485 South
City Hollywood FL Zip Code 33021

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 Mitchell F. Green
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

3/12/01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM
GROSS, KENNETH M ☐ Delete
STREET ADDRESS 3487 DERBY LANE
CITY-ST-ZIP WESTON FL 33331

TITLE NAME MGRM
CASTELLANO, ROBERT S ☐ Delete
STREET ADDRESS 3900 BONAVENTURE BLVD.
CITY-ST-ZIP WESTON FL 33331

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM
Kenneth M. Goss ☒ Change ☐ Addition
STREET ADDRESS P.O. Box 267457
CITY-ST-ZIP Weston, FL 33326

TITLE NAME 800003930806 ☐ Addition
STREET ADDRESS -03/29/01--01111--023
CITY-ST-ZIP *****50.00 *****50.00

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

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

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

TITLE NAME ☐ Change ☐ Addition
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)