

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002134

1. Entity Name

COLITAS ENTERTAINMENTS LC

FILED

May 02 2000 8:00 am

Secretary of State

Principal Place of Business

1220 NORTH MARKET STREET, SUITE 606  
WILMINGTON DE 19801

Mailing Address

1220 NORTH MARKET STREET, SUITE 606  
WILMINGTON DE 19801-2598

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.  
4521 PGA BLVD. #211  
PALM BEACH GARDENS FL 33418

Name

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

City

FL

Zip Code

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

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME GRASSICK, JAMES WILLIAM  
STREET ADDRESS LA CLOSETTE SARK  
CITY- ST- ZIP CHANNEL ISLAND

☐ Change ☐ Addition  
000003236190--9  
-05/03/00--01019--001  
\*\*\*3750.00 \*\*\*\*\*50.00

TITLE MGR ☐ Delete  
NAME ELMONT, SIMON PETER  
STREET ADDRESS LA FREGONDEE SARK  
CITY- ST- ZIP CHANNEL ISLAND

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ 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:

*James M. Caraccio*  
*James William Grassick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/30/00

Date

302-421-5750

Daytime Phone #

CR2E083 (9/99)