

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -2 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000511

1. Entity Name

GLOBAL SPORTS EVENTS, L.L.C.

Principal Place of Business

% MR. ALLAN DALFEN, PRES.
509 PALM DRIVE
BEVERLY HILLS CA 90210

Mailing Address

% MR. ALLAN DALFEN, PRES.
509 PALM DRIVE
BEVERLY HILLS CA 90210-3412

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

65-0893947

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

MILLER, IRIS S

3141 ROYAL PALM AVENUE
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name

ALLAN DALFEN

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

C/O BERKOWITZ DICK POLLOCK & BRANT

ONE S.E. 3RD AVENUE, SUITE 1500

City

MIAMI

FL

Zip Code

33131

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

04-28-2000

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGR
MILLER, IRIS S
STREET ADDRESS 3141 ROYAL PALM AVENUE
CITY- ST- ZIP MIAMI BEACH FL 33140 ☒ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME MGR
DALFEN, ALLAN
STREET ADDRESS C/O BERKOWITZ DICK POLLOCK & BRANT
CITY- ST- ZIP ONE S.E. 3RD AVE, #1500, MIAMI, FL 33131 ☐ Change ☒ Addition

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

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

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

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

TITLE 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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

04-28-2000

CR2E0:3 (9/99)