

2001 UNIFORM BUSINESS REPORT (UBR)

0022838 AF

DOCUMENT # L99000001048

1. Entity Name
STAVRO PRODUCTIONS, L.L.C.

FILED

01 FEB -7 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O STEVE STAVRAKIS. ESQ.
29 NORTH PINELLAS AVENUE
TARPON SPRINGS FL 34689

Mailing Address
C/O STEVE STAVRAKIS. ESQ.
29 NORTH PINELLAS AVENUE
TARPON SPRINGS FL 34689

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3626398

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STAVRAKIS, STEVE
29 NORTH PINELLAS AVENUE
TARPON SPRINGS FL FL346-89

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

500003677855-8
-02/13/01--01109--022
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR STAVRAKIS, STEVE ☐ Delete
STREET ADDRESS 29 NORTH PINELLAS AVENUE
CITY-ST-ZIP TARPON SPRINGS FL 34689

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

TITLE NAME MGR CABANAS, GINO ☐ Delete
STREET ADDRESS 29 NORTH PINELLAS AVENUE
CITY-ST-ZIP TARPON SPRINGS FL 34689

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

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Delete
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:

STEVE STAVRAKIS

1/9/01 (727) 943-8575

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

Date

Daytime Phone #

CR2E083 (11/00)