

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90083 046 \*\*\*\*50.00

**DOCUMENT # L99000001858**

1. Entity Name

**BOTTOM UP ENTERTAINMENT, L.L.C.**



Principal Place of Business

**8004 NW 154 ST., #135  
MIAMI LAKES FL 33016**

Mailing Address

**8004 NW 154 ST., #135  
MIAMI LAKES FL 33016**

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 **65-0905687**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~JUMPING JAX TAX.COM, INC.~~  
~~1940 HARRISON ST., #200-B~~  
~~HOLLYWOOD FL 33020~~

Name

**JUMPING JAX TAX, INC.**

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

**1940 HARRISON ST., STE 201B**

City

**HOLLYWOOD**

FL

Zip Code

**33020**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Signature]* **JOHN J. MALEBBA, CEO** **23 APR 03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME

**MGRM  
MONFRIES, MICHAEL  
8004 NW 154 ST., #135  
MIAMI LAKES FL 33016**

☐ Delete

TITLE  
NAME

☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

**MGRM  
BROWN, CLAYTON  
8004 NW 154 ST., #135  
MIAMI LAKES FL 33016**

☐ Delete

TITLE  
NAME

☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

☐ Delete

TITLE  
NAME

☐ Change ☐ Addition

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CITY-ST-ZIP

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]*

**4/23/03**

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

Date

Daytime Phone #

CR2E083 (10/02)