

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000004386**

1. Entity Name

TIRTHA PICTURES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 18 AM 10:02

Principal Place of Business

2424 N. FEDERAL HIGHWAY, SUITE 311-B
BOCA RATON FL 33432

Mailing Address

2424 N. FEDERAL HIGHWAY, SUITE 311-B
BOCA RATON FL 33432

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

☒ Applied For

☐ Not Applicable

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

FLECK, DOUGLAS H

1820 S. OCEAN BLVD. #2B
DELRAY BEACH FL 33483

Name

Douglas H Fleck

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

11606 SW Meadowlark Cir

City

Stuart

FL

Zip Code *34997*

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

09-08-00

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGR
GANESHA VENTURES, INC.
STREET ADDRESS 1820 S. OCEAN BLVD. #2B
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS *11606 SW Meadowlark Cir*
CITY-ST-ZIP *Stuart, FL 34997*

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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:

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

09-08-00

Date

561-252-8947

Daytime Phone #

CR2E083 (5/00)