

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90181 033 ****50.00

DOCUMENT # L99000004882

1. Entity Name

SOFT SERVE PICTURES, LLC

Principal Place of Business

**137 GOLDEN BEACH DRIVE
GOLDEN BEACH FL 33160**

Mailing Address

**137 GOLDEN BEACH DRIVE
GOLDEN BEACH FL 33160**

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

65-0940770

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GOPMAN, GLENN
20451 NW 2ND AVENUE
SUITE 201
MIAMI FL 33169**

7. Name and Address of New Registered Agent

Name

GLENN GOPMAN

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

450 EAST LAS OLAS BLVD

SUITE 950

City

FORT LAUDERDALE FL

Zip Code

33301

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 **GLENN H GOPMAN**

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/02

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
LEKACH, ISAAC
137 GOLDEN BEACH DRIVE
GOLDEN BEACH FL 33160**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

1/14/02 (305) 725.1180

CR2E083 (9/01)