

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004991

1. Entity Name
Goddess Entertainment Group, LLC.

Principal Place of Business
681 Washington Ave
Miami Beach FL
33139

Mailing Address
720 NE 69th St
Miami FL 33138

2. Principal Place of Business
681 Washington Ave
Suite, Apt. #, etc.

3. Mailing Address
720 NE 69th St
Suite, Apt. #, etc.
19N

City & State
Miami Bch, FL

City & State
Miami, FL

Zip
33139

Country
USA

Zip
33138

Country
USA

4. FEI Number
65-0943074

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

FILED

01 JUN 21 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

Vazquez, Geraldo A. Esq.
501 Brickell Key Drive Suite 407
Miami Florida 33131

7. Name and Address of New Registered Agent

Name
Timothy M. Hogle
Street Address (P.O. Box Number is Not Acceptable)
720 NE 69th St 19N
City
Miami FL Zip Code
33138

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  TIMOTHY M HOGLE 4/28/01
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

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Timothy M. Hogle
501 Brickell Key Drive Suite 407
Miami FL 33131 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Timothy M. Hogle
720 NE 69th Street 19N
Miami Florida 33138 ☐ Change ☒ Addition

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

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☐ Change ☐ Addition

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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 608, Florida Statutes.

SIGNATURE:  TIMOTHY M HOGLE 4/28/01 30575182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (1/1/00)