

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90162 018 \*\*\*\*50.00

DOCUMENT # L99000005862

1. Entity Name

MARC DUKE PHOTOGRAPHY, LLC

Principal Place of Business

2712 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134

Mailing Address

2712 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134

2. Principal Place of Business

210 ALMERIA AVE

Suite, Apt. #, etc.

3. Mailing Address

210 ALMERIA AVE

Suite, Apt. #, etc.

City & State

CORAL GABLES

City & State

CORAL GABLES

Zip

33134 - FLA - Dade

Country

Zip

33134

Country

FLA - Dade

4. FEI Number

65-0848870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DARROW, KENNETH F  
9350 SOUTH DIXIE HWY, STE 1550  
MIAMI FL 33156

7. Name and Address of New Registered Agent

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**  
**Due by May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE MGR  
NAME DUKE, MARC ☐ Delete  
STREET ADDRESS 3070 ALLAMANDA ST., #C  
CITY-ST-ZIP MIAMI FL 33133

TITLE MGRM  
NAME DUKE, LINDA ☐ Delete  
STREET ADDRESS 3070 ALLAMANDA ST., #C  
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 of Linda Duke)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/12/02 305-461-1610

CR2E083 (9/01)