

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006251

1. Entity Name

MANGROVE PRODUCTIONS, L.L.C.

FILED

00 SEP 29 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6380 SOUTHWEST FIFTIETH STREET
MIAMI FL 33155

Mailing Address

6380 SOUTHWEST FIFTIETH STREET
MIAMI FL 33155

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

65-0968560

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS DEVINE GOODMAN & WELLS, P.A.
777 BRICKELL AVENUE, SUITE 980
MIAMI FL 33131

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME

MGRM
MORGAN, KITTY
6380 SOUTHWEST FIFTIETH STREET
MIAMI FL 33155

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

MGRM
ROTHMAN, WILLIAM
6380 SOUTHWEST FIFTIETH STREET
MIAMI FL 33155

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

MGRM
ELLISON, JANET
7495 SCHOOLHOUSE ROAD
MIAMI FL 33143

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

MGRM
DAVISON, CHARLES
330 GLENRIDGE ROAD
KEY BISCAYNE FL 33149

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

MGRM
SHURMAN, JOHN
3608 ST. GAUDENS ROAD
COCONUT GROVE FL 33133

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME

STREET ADDRESS
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:

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

Date

Daytime Phone #

9-25-00

305-663-9582

CR2E083 (5/00)