

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006251

1. Entity Name

MANGROVE PRODUCTIONS, L.L.C.

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE NAME  
MGRM MORGAN, KITTY  
STREET ADDRESS 6380 SOUTHWEST FIFTIETH STREET  
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE NAME  
MGRM ROTHMAN, WILLIAM  
STREET ADDRESS 6380 SOUTHWEST FIFTIETH STREET  
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE NAME  
MGRM ELLISON, JANET  
STREET ADDRESS 7495 SCHOOLHOUSE ROAD  
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE NAME  
MGRM DAVISON, CHARLES  
STREET ADDRESS 330 GLENRIDGE ROAD  
CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Delete

TITLE NAME  
MGRM SHURMAN, JOHN  
STREET ADDRESS 3608 ST. GAUDENS ROAD  
CITY-ST-ZIP COCONUT GROVE FL 33133 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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 (Kitty Morgan)

9-19-01

305-663-9582

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

Date

Daytime Phone #

000883

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 SEP 25 PM 10:57



DO NOT WRITE IN THIS SPACE

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