

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007344

1. Entity Name

PUCKHEADS INTERNATIONAL LLC

Principal Place of Business

Mailing Address

15 WEST LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

15 WEST LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAVUSKAN, MICHAEL A
1711 NW 99TH AVENUE
PLANTATION FL 33322

Name

SAVUSKAN Michael A

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

915 NE 17th Terrace #1

City

Ft. Lauderdale

FL

Zip Code

33304

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

Michael A. SAVUSKAN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

07/03/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM SAVUSKAN, MICHAEL
STREET ADDRESS 1711 NW 99TH AVE.
CITY-ST-ZIP PLANTATION FL 33322 ☐ Delete

TITLE NAME Manager Michael A. SAVUSKAN ☒ Change ☐ Addition
STREET ADDRESS 915 NE 17th Ter #1, Ft. Lauderdale FL 33304
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Manager Alexander P. BOURTAKOV ☐ Change ☒ Addition
STREET ADDRESS 3100 N. OCEAN BLVD #502, Ft. Lauderdale FL 33308
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300004481313--4
CITY-ST-ZIP -07/17/01--01091--003

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00 *****50.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Michael A. SAVUSKAN, Manager 07/03/01 (954) 478-2062

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

Date

Daytime Phone #

FILED
01 JUL 11 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJM

Applied For
Not Applicable

CR2E083 (5/01)

STAPLE CHECK HERE