2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #							LILED			
1. Entity Name RG MASTERY LLC					Į	00 FEB -4 AM11: 16				
						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 941 FOURTH STREET. #200M		Mailing Address 941 FOURTH STREET. #200M								
MIAMI BEACH FL 33139		MIAMI BEACH FL 33139-6816								
!										
2. Principal F	Place of Business	3. Mailing Address								
		Cuito Ant # ata				DO NOT WRITE IN THIS CRACE				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. FEIN	lumber		<u> </u>	oplied For		
Zip	Country	Zip	Count	try	5. Certii	ficate of Status Desired		\$5.00 Add	itional	
	6. Name and Address of Current	Registered Agent				e and Address of New		∸Fee Require	d -	
				Name						
CORPORATE CREATIONS ENTERPRISES INC.				Street Address (P.O. Box Number is Not Acceptable)						
1	RTH STREET, #200 ACH FL 33139		ŀ							
	, , , , , , , , , , , , , , , , , , ,		City				FI	■ Zip Code	e	
								<u> </u>		
8. The above	named entity submits this statement f	or the purpose of changing if	ts registere	ed office or r	egistered agent, (or both, in the State of	Fiorida.			
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NC	TF Redusterer	Agent signature	required when reinstati	ing)	DATE			
	orginates, types or printed reality or regiments again									
	ı	FILE N Make Check P		EE IS \$5 Departm						
9.	MANAGING MEME	BERS/MEMBERS Delete	10. TITLE	:	John Trevor	ADDITION Greer Donnelly	NS/CHANGE	ES Change	Additio	
NAME	GREER DONNELLY, JOHN TREV		NAMI	E	Rue du Moul	•	1		_	
STREET ADDRESS	941 FOURTH STREET, #200M MIAMI BEACH FL 33139	•	ı	ET ADDRESS SY-21P	Sark Channel Islan	nds	•			
TITLE	MGR	☐ Delete	TITLE	:	1			Change	Additio	
NAME STREET ADDRESS	HELENA LOUISE CREBER, CHR 941 FOURTH STREET, #200M	ISTIANNE	NAMA	E ET ADDRESS	i	Helena Louise Creber nes Flat, Rocques de S		e des Pointes I	Rocomes	
CITY-8T-ZIP_	MIAMI BEACH FL 33139	1 		ST-ZIP		t Sampsons, Guernse				
TITLE	MGR	☐ Delete	TITLE		Christopher	Peter Eaton		☑ Change	Additio	
NAME STREET ADDRESS	PETER EATON, CHRISTOPHER 941 FOURTH STREET, #200M		NAMI Strei	E Et aduress	Trollaby Ho	use, Trollaby Lane,	j			
CITY-ST-ZIP	MIAMI BEACH FL 33139	<u> </u>	CITY-	ST-ZIP	Union Mills	IM4 4AW, Isle of Ma	m, U.K. ,	<u></u>		
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STREET ADDRESS				ET ADDRESS ST-ZIP	3 L	000031	J-=0101	[6019 k***50.0	Ω	
11 bereby	 certify that the information supplied wit	h this filing does not qualify f	for the exer	mption state	d in Section 119.	07(3)(i). Florida Statute	es. I further c	ertify that the in	nformation	
indicated limited lia	I on this report is true and accurate and ability company or the receiver or truste	d that my signature shall have se empowered to execute this	e the same is report as	required by	as it made unde Chapter 608, Flo	r oath; that I am a mar orida Statutes.	naging memi	per or manage	er or the	

SIGNATURE: ____

SIGNATURE PEOLINED THE DONNELLY

islaika

0044 1481 83 2201

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

Date

Daytime Phone #