

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

000567  
AF

DOCUMENT # L99000008274

1. Entity Name

LIVE SERVICES LLC

00 MAY -3 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

721 S.E. 17TH STREET, SUITE 200  
FORT LAUDERDALE FL 33316

Mailing Address

721 S.E. 17TH STREET, SUITE 200  
FORT LAUDERDALE FL 33316-2927

2. Principal Place of Business

19597 NE 10<sup>th</sup> Ave.

3. Mailing Address

19597 NE 10<sup>th</sup> Ave

Suite, Apt. #, etc.

Bay G

Suite, Apt. #, etc.

Bay G

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

Zip

33179

Country

USA

Zip

33179

Country

USA

4. FEI Number

65-0964180

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LAMOTHE, FERNAND

721 S.E. 17TH STREET, SUITE 200  
FORT LAUDERDALE FL 33316

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

04-29-00

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME MAGGI, JOSEPH L  
STREET ADDRESS 3220 N. 37TH STREET  
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE MGR  
NAME LEGRESLEY, CLAUDE RAYMOND  
STREET ADDRESS 400 LESLEY DRIVE #1120  
CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
MGR LEGRESLEY, CLAUDE RAYMOND ☒ Change  
200 Leslie Dr. #1120 Address  
Hallandale, FL 33009

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

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

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:

SIGNATURE REQUIRED

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

04-29-00

Date

954-410-2441

Daytime Phone #

CR2E083 (9/99)