

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L99000008448

1. Entity Name

RVM PROMOTIONS, L.L.C.

FILED

00 MAR 23 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

100 W. CYPRESS CREEK ROAD, #700  
FORT LAUDERDALE, FLORIDA 33309

2. Principal Place of Business

3. Mailing Address

100 W. CYPRESS CREEK ROAD

Suite, Apt. #, etc.

SUITE 700

City & State

FORT LAUDERDALE FLORIDA

Zip

33309

Country

BROWARD

Suite, Apt. #, etc.

City & State

4. FEI Number

65-0965596

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

7. Name and Address of New Registered Agent

GREGORY J. BLODIG, ESQ.  
GREENSPOON, MARDER, HIRSCHFELD, RAFKIN,  
ROSS & BERGER, P.A.  
100 W. CYPRESS CREEK ROAD, SUITE 700  
FORT LAUDERDALE, FLORIDA 33309

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/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AUTHORIZED MANAGER  
KEVIN SHEEHAN  
21771 WESTMONT COURT  
BOCA RATON, FLORIDA 33428

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

KEVIN SHEEHAN

Date

Daytime Phone #

3/6/00 (854) 724-2739

CR2E083 (11/99)