## **2002 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L99000009139

BASSUK ENTERTAINMENT, L.C.

Principal Place of Business

Mailing Address

1638 S. BAYSHORE COURT, PH COCONUT GROVE FL 33133

1638 S. BAYSHORE COURT. PH COCONUT GROVE FL 33133

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

FILED Sep 12, 2002 8:00 am Secretary of State

09-12-2002 90089 047 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

65-0979239

Applied For

Not Applicable

4. FEI Number

цр	Country		Country	5. Certificate of Status	3 Desired	<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
HATTON, DAVID L				Name					
2250 S.W. 3RD AVENUE, 5TH FLOOR MIAMI FL 33129			Stre	et Address (P.O. Box Number is Not	is (P.O. Box Number is Not Acceptable)				
•			City			<b>₽</b>			

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. I am familiar with, and accept the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State Due By September 25, 2002

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9.	MANAGING MEMBERS/MA	NAGERS .	10. ADDITIONS/CHANGES				ĺ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bassuk, Roberta L 1638 S. Bayshore Court, Ph Coconut Grove FL 33133	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		Change	Addition	CR2E083 (4/02)
TITLE NAME STREET AODRESS CITY-ST-ZIP	MGR VICTOR DANIEL BASSUK 2864 PISO 4, APT. 9 (1417 BUENOS AIRES, ARGENTINA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME —STREET ADDRESS— CITY-ST-ZIP		☐ Delete	TITLE NAME -STREET ADDRESS		Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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: VOCANIA DISTRIBUTION NO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE