

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90139 018 \*\*\*\*50.00

**DOCUMENT # M00000000774**

1. Entity Name

**VENTURE BRANDS INTERNATIONAL LLC**

Principal Place of Business

2209 NW 30TH PLACE POWERLINE PARK BLDG 1  
 POMPANO BEACH FL 33069

Mailing Address

2209 NW 30TH PLACE POWERLINE PARK BLDG 1  
 POMPANO BEACH FL 33069

2. Principal Place of Business

**107 N POWERLINE RD**  
 Suite, Apt. #, etc.

3. Mailing Address

**107 N POWERLINE RD**  
 Suite, Apt. #, etc.

City & State

**DEERFIELD BEACH, FL**

City & State

**DEERFIELD BEACH, FL**

Zip

**33442**

Country

**BROWARD**

Zip

**33442**

Country

**BROWARD**

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS ENTERPRISES, INC.**  
**941 FOURTH STREET #200**  
**MIAMI BEACH FL 33139**

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

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**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
 NAME **KOUTNY, MAX W**  
 STREET ADDRESS **2209 NW 30TH PLACE POWERLINE PARK BLDG 1**  
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
 NAME **MGRM**  
 STREET ADDRESS **KOUTNY, MAX W**  
 CITY-ST-ZIP **107 N POWERLINE RD, DEERFIELD BEACH, FL 33442**

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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

CR2E083 (4/02)

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, MANAGER OR AUTHORIZED REPRESENTATIVE

**07 July 2002**

**954 426 6488**

Daytime Phone #