

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000000467

1. Entity Name
PUDALOV, LLC

FILED
Jun 19, 2002 8:00 am
Secretary of State

04-16-2002 90077 036 *****50.00

94263



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1201 S. OCEAN DR., NORTH. STE. 1808
HOLLYWOOD FL 33019

Mailing Address
1201 S. OCEAN DR., NORTH. STE. 1808
HOLLYWOOD FL 33019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2568108

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KRAMER, ROBERT M
4000 HOLLYWOOD BLVD., STE. 485 SOUTH
HOLLYWOOD FL 33021

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

Irving Pudalov

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MANAGING MEMBER	IRVING PUDALOV	1201 S OCEAN DR STE 1808	HOLLYWOOD FL 33019	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

Irving Pudalov

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)