

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90299 028 \*\*\*\*50.00

**DOCUMENT # M01000002394**

1. Entity Name

**ZUMBA PRODUCTIONS, LLC**



Principal Place of Business

Mailing Address

~~2875 NE 191ST STREET STE. 604~~  
~~AVENTURA FL 33180~~

~~2875 NE 191ST STREET STE. 604~~  
~~AVENTURA FL 33180~~

2. Principal Place of Business

**21008 NE 34 CT**

3. Mailing Address

**21008 NE 34 CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Aventura - FL**

City & State

**Aventura - FL**

Zip

**33180**

Country

**USA**

Zip

**33180**

Country

**USA**

4. FEI Number **65-1132716**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PERIMAN, RICHARD**  
**2875 NE 191ST STREET STE. 902**  
**AVENTURA FL 33180**

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

*Dwen Richard Perlman* **2/27/03**

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **PEARLMAN, ALBERTO**  
STREET ADDRESS **2875 NE 191ST STREET STE. 604**  
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **MGR** ☐ Delete  
NAME **AGHION, ALBERTO**  
STREET ADDRESS **19333 COLLINS AVE #708**  
CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE **MGR** ☐ Delete  
NAME **PERLMAN, RICHARD**  
STREET ADDRESS **2000 ISLAND BLVD #801**  
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE **MGR** ☐ Delete  
NAME **AGHION, JACK**  
STREET ADDRESS **19333 COLLINS AVE #708**  
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE **MGR** ☐ Delete  
NAME **BERCUSON, DAVID**  
STREET ADDRESS **9130 S. DADELAND BLVD. #1800**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **Perlman, Alberto**  
STREET ADDRESS **21008 NE 34 CT**  
CITY-ST-ZIP **Aventura, FL 33180**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **Aghion, Alberto**  
STREET ADDRESS **21008 NE 34 CT**  
CITY-ST-ZIP **Aventura, FL 33180**

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

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

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

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

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:

*Alberto Aghion* **2/27/03**

**2/27/03**

**(805) 527-5527**

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

Date

Daytime Phone #

CR2E083 (10/02)