05/23/2001 18:43 9544236932 JEFF SHEPPARI

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 90230 015 ***150.00

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DOCUMENT # P94000012625

1. Entity Name
Trouble Miami, Inc.

Principal Place of Business
927 Lincoln Rd #200
Miami Beach, Fl 33139

Mailing Address
927 Lincoln Road Suite 200
Miami Beach, Fl 33139

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0468451 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Levin, Eric
927 Lincoln Road #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

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: Required signature when executed) Date

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back) ☑

9a. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11 OFFICERS AND DIRECTORS	12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
1 ☐ Delete Levin, Eric 927 Lincoln Rd #200 Miami Beach, Fl 33139	Title Name Street Address City-St-Zip ☐ Change ☐ Addition
2 ☐ Delete	Title Name Street Address City-St-Zip ☐ Change ☐ Addition
3 ☐ Delete	Title Name Street Address City-St-Zip ☐ Change ☐ Addition
4 ☐ Delete	Title Name Street Address City-St-Zip ☐ Change ☐ Addition
5 ☐ Delete	Title Name Street Address City-St-Zip ☐ Change ☐ Addition
6 ☐ Delete	Title Name Street Address City-St-Zip ☐ Change ☐ Addition

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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NATURE: _____ (Signature and Title or Status of Officer or Director) Date Daytime Phone #

OCR2K04 (11/98)