

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91334 006 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94 000012625

1. Entity Name

TROUBLE MIAMI, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

927 LINCOLN RD

3. Mailing Address

927 LINCOLN RD

Suite, Apt. #, etc.

#200

Suite, Apt. #, etc.

#200

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number:

65-0468451

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LEVIN, ERIC

Street Address (P.O. Box Number is Not Acceptable)

927 LINCOLN RD #200

City

MIAMI BEACH, FL

FL

Zip Code

33139

DO NOT WRITE
IN THIS SPACE

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

Signature of person or persons authorized to execute this report.

(NOTE: Registered Agent signature is required when changing agent.)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

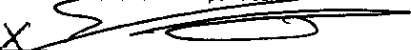
11. OFFICERS AND DIRECTORS

TITLE	LEVIN, ERIC
NAME	927 LINCOLN ROAD, #200
STREET ADDRESS	MIAMI BEACH, FL 33139
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(f), 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 an attachment with an address, with or without like empowerment.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Fee

4/30/02 305-674-7221

CR2034B (12/01)