

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001874**

1. Entity Name

BLUE WAVES OF DADE COUNTY, LTD.

Principal Place of Business

**200 SOUTH BISCAYNE BLVD., SUITE 1050
MIAMI FL 33131**

Mailing Address

**200 SOUTH BISCAYNE BLVD., SUITE 1050
MIAMI FL 33131-2329**

2. Principal Place of Business

1221 N.W. 165th Street

3. Mailing Address

1221 N.W. 165th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0876663

APPLIED FOR

Applied For

Not Applicable

Zip

33169

Country

-U.S.A.

Zip

33169

Country

U.S.A.

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

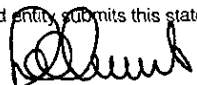
**BENNETT, JOSH N ESQ.
200 SOUTH BISCAYNE BLVD., SUITE 1050
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **LUIS A. QUINTERO**
Street Address (P.O. Box Number is Not Acceptable)
1221 N.W. 165th Street
City **Miami** FL Zip Code **33169**

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



LUIS A. QUINTERO

3/22/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$250,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$250,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME **QUINTERO, NORMA A**
STREET ADDRESS **2335 N.W. 107TH AVE, MIA. FREE ZONE, B-59/60**
CITY - ST - ZIP **MIAMI FL 33172**

STREET ADDRESS **1221 N.W. 165th Street**
CITY - ST - ZIP **Miami, FL 33169**

DOCUMENT #
NAME **QUINTERO, LUIS A**
STREET ADDRESS **2335 N.W. 107TH AVE, MIA. FREE ZONE, B-59/60**
CITY - ST - ZIP **MIAMI FL 33172**

STREET ADDRESS **1221 N.W. 165th Street**
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DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP
800003198438--0
-04/06/00--01067--001
******535.00 ****535.00**

DOCUMENT #
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUISITE: QUINTERO

3/22/00


(305) 591-3565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED
00 MAR 27 PM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)