

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A98000001874**
 1. Entity Name
BLUE WAVES OF DADE COUNTY, LTD.

FILED

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**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1221 N.W. 165TH STREET MIAMI FL 33169-6**
 Mailing Address: **1221 N.W. 165TH STREET MIAMI FL 33169-6**

2. Principal Place of Business: Suite, Apt. #, etc. / City & State
 3. Mailing Address: Suite, Apt. #, etc. / City & State

4. FEI Number: **65-0876663**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**QUINTERO, LUIS A ESQ.
 1221 N.W. 165TH STREET
 MIAMI FL 33169**

7. Name and Address of New Registered Agent
 Name: **RAIMUNDO LEVI**
 Street Address (P.O. Box Number is Not Acceptable): **815 N.W. 57th Ave #125**
 City: **Miami** FL Zip Code: **33126**

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]* DATE: **5/1/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record: **\$250,000.00**
 10. Amount of Capital Contributions in FLORIDA to date.
 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	STREET ADDRESS	
	QUINTERO, NORMA A		
	1221 N.W. 165TH STREET	CITY - ST - ZIP	
	MIAMI FL 33169		
DOCUMENT #	NAME	STREET ADDRESS	
	QUINTERO, LUIS A		
	1221 N.W. 165TH STREET	CITY - ST - ZIP	
	MIAMI FL 33169		
DOCUMENT #	NAME	STREET ADDRESS	
		CITY - ST - ZIP	

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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]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date: _____ Daytime Phone #: _____

CR2E03 (11/00)