

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91214 007 ****50.00

DOCUMENT # L01000010515

1. Entity Name

STILL WAVE, L.L.C.

Principal Place of Business

**536 BILTMORE WAY
 CORAL GABLES FL 33134**

Mailing Address

**536 BILTMORE WAY
 CORAL GABLES FL 33134**

2. Principal Place of Business

1908 Osceola Parkway

3. Mailing Address

1908 Osceola Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, - Florida

City & State

Kissimmee, Florida

4. FEI Number

65-1117654

Applied For

☐ Not Applicable

Zip

34743

Country

U.S.A.

Zip

34743

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CUEVAS, ANDREW ESQ.
 536 BILTMORE WAY
 CORAL GABLES FL 33134**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/2

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
 NAME **ADMINISTRADORA ANYOGRELI II, C.A.**
 STREET ADDRESS **536 BILTMORE WAY**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **MGRM** ☐ Change ☐ Addition
 NAME **Administradora Anyogreli II, C.A.**
 STREET ADDRESS **1908 Osceola Parkway**
 CITY-ST-ZIP **Kissimmee, Florida 34743**

TITLE **MGRM** ☐ Delete
 NAME **HENRIQUES GONCALVES, ANGELA MARIA**
 STREET ADDRESS **536 BILTMORE WAY**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **MGRM** ☐ Change ☐ Addition
 NAME **Henriques Goncalves, Angela Maria**
 STREET ADDRESS **1908 Osceola Parkway**
 CITY-ST-ZIP **Kissimmee, Florida 34743**

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

3/13/2 (305) 461-9500

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

Date

Daytime Phone #

CR2E083 (9/01)