

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90005 015 ****55.00

DOCUMENT # L99000001189

1. Entity Name

BLUE COAST INTERNATIONAL, L.L.C.



Principal Place of Business

Mailing Address

7014 NW 50 ST
MIAMI FL 33166

7014 NW 50 ST
MIAMI FL 33166

2. Principal Place of Business

3900 N.W 79 Ave

3. Mailing Address

3900 N.W 79 Ave

Suite, Apt. #, etc.

429

Suite, Apt. #, etc.

429

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33166

Country

Zip

33166

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0906988

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FUEGOS, ALMANDO RAY C
3270 SW 17ST
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name Cienfuegos, ARMANDO RAY
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DA COSTA, FERNANDO 7014 NW 50 ST. MIAMI FL 33166	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GONZALEZ, LUZ WELL 7014 NW 50 ST. MIAMI FL 33166	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: X

SIGNATURE REQUIRED

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

2/5/03 (305) 436-9460

Date

Daytime Phone #

CR2E083 (10/02)