

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001874**

1. Entity Name

BLUE WAVES OF DADE COUNTY, LTD.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**QUINTERO, LUIS A ESQ.
1221 N.W. 165TH STREET
MIAMI FL 33169**

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

(NOTE: Registered Agent signature required when reinstating)

5/1/01

DATE

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 **QUINTERO, NORMA A**
STREET ADDRESS **1221 N.W. 165TH STREET**
CITY-ST-ZIP **MIAMI FL 33169**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **QUINTERO, LUIS A**
STREET ADDRESS **1221 N.W. 165TH STREET**
CITY-ST-ZIP **MIAMI FL 33169**

STREET ADDRESS
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CITY-ST-ZIP

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: **8**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

5/1/01

0005594 AF

CR2E003 (11/00)

FILED

01 AUG 15 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE