

# 2002 UNIFORM-BUSINESS REPORT (UBR)

APPROVE  
AND  
FILED

0010810 AT

DOCUMENT # A98000001874

1. Entity Name

BLUE WAVES OF DADE COUNTY, LTD.

02 MAY 22 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

DUE BY MAY 1, 2002

4. FEI Number

65-0876663

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEVI, RAIMUNDO

815 N.W. 57TH AVE., #125  
MIAMI FL 33126

Name

Street Address (P.O. Box Number is Not Acceptable)

224 Catalonia Avenue

City

Coral Gables

FL

Zip Code

33134

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 Raimundo Levi

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

4/29/02

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

STREET ADDRESS

CITY-ST-ZIP

QUINTERO, NORMA A  
1221 N.W. 165TH STREET  
MIAMI FL 33169

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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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:

Raimundo Levi  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Luis A. Quintero 4/29/02 (305) 591-3565

Date

Daytime Phone #

CR2E003 (9/01)