

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90138 001 ****50.00

DOCUMENT # L00000000503

1. Entity Name

OCEANFAST LLC.

Principal Place of Business

**ONE SOUTHEAST THIRD AVENUE
STE 2130
MIAMI FL 33131**

Mailing Address

**ONE SOUTHEAST THIRD AVENUE
STE 2130
MIAMI FL 33131**

2. Principal Place of Business

1515 SE 17 Street

3. Mailing Address

Suite, Apt. #, etc.
Suite 119

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

4. FEI Number

52-2224345

Applied For
Not Applicable

Zip
33316

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COPROLITE CORPORATION
ONE SOUTHEAST 3RD AVENUE, STE 2130
MIAMI FL 33131**

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
OCEANFAST PTY LTD
18, CLARENCE BEACH RD
HENDERSON WA 6166 AUSTRALIA** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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.

305-377-9353

SIGNATURE:

SIGNATURE REQUIRED

STUART BROWN (Authorized Representative)

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

Date

4/4/02

Daytime Phone #

CR2E083 (9/01)