

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 00000000 1414

1. Entity Name

FIVE OCEANS DIMENSION, LLC

FILED

01 APR -5 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
820 NE 126th Street
North Miami, FL. 33161

Mailing Address
820 NE 126th Street
North Miami, FL. 33161

2. Principal Place of Business
820 NE 126th Street

3. Mailing Address
820 NE 126th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
North Miami, FL.

City & State
North Miami, FL.

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country
USA

Zip

33161

Country
USA

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

Francisco Ferreras
820 NE 126th Street
North Miami, FL. 33161

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

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

Francisco Ferreras

(NOTE: Registered Agent signature required when reinstating)

3-30-01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Manager
Francisco Ferreras
820 NE 126th Street
North Miami, FL. 33161

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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:

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

Date

Daytime Phone #

03/30/01 (305) 981-1116

CR2E083 (11/00)