

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L00000001501  
 1. Entity Name  
**OCEAN SHORES HOLDING L.L.C.**

FILED

01 MAY -7 PM 3:05

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**6043 N.W. 167 STREET. UNIT #A-14**      **6043 N.W. 167 STREET. UNIT #A-14**  
**MIAMI FL 33015**      **MIAMI FL 33015**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number      Applied For  
**65-0987085**      Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required  
     

**6. Name and Address of Current Registered Agent**  
**QUESADA, G. FRANK ESQ.**  
**1313 PONCE DE LEON BLVD., STE. 200**  
**CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**  
 Name **Francisco Mingo**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6043 NW 167th St #A-14**  
 City **miami**      FL      Zip Code **33015**

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 Mingo*      DATE **5/1/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Francisco Mingo</b> <b>6043 NW 167 St #A-14</b> <b>miami FL 33015</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Carmencha Mingo</b> <b>6043 NW 167 St #A-14</b> <b>miami FL 33015</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 Mingo*      DATE: **5/1/01**      DAYTIME PHONE #: **305-825-0000**  
**SIGNATURE REQUIRED**