

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002090

1. Entity Name

OCEAN BRICK REALTY, L.L.C.

FILED

01 APR -9 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

330 SUNNY ISLES BLVD
SUNNY ISLES FL 33160

Mailing Address

330 SUNNY ISLES BLVD
SUNNY ISLES FL 33160

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

65-0997724

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A
PH2, 9350 S. DIXIE HWY
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name -- LEONARDO A. ROTH

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

3440 HOLLYWOOD BLVD, STE 360

City HOLLYWOOD

FL

Zip Code 33021

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 LEONARDO A. ROTH, ESQ 3/1/01

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

100004009171--1
--04/16/01--01005--019
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MANAGING MEMBER ☐ Delete
NAME SILVIO SULICHIN
STREET ADDRESS 3440 HOLLYWOOD BLVD, SUITE 360
CITY-ST-ZIP HOLLYWOOD, FLORIDA 33021

TITLE NAME Managing Member ☐ Delete
NAME Alberro Guillermo Ferraz
STREET ADDRESS Montevideo 770
CITY-ST-ZIP Buenos Aires, Argentina

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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: SILVIO SULICHIN 3/1/01

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

Date

Daytime Phone #

CR2E083 (11/00)