

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90274 010 \*\*\*\*50.00

**DOCUMENT # L00000002090**

1. Entity Name

**OCEAN BRICK REALTY, L.L.C**

Principal Place of Business

**330 SUNNY ISLES BLVD.  
 SUNNY ISLES, FL. 33160**

Mailing Address

**2742 BISCAYNE BLVD.  
 MIAMI, FL. 33137**

901090

2. Principal Place of Business

3. Mailing Address

**2742 BISCAYNE BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MIAMI, FL.**

Zip

Country

Zip

**33137**

Country

**USA**

4. FEI Number

**65-0997724**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROTH, LEONARDO A.  
 3440 HOLLYWOOD BLVD., STE. 360  
 HOLLYWOOD, FL33021**

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



9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME **MGRM**  
**SULICHINI, SILVIO** ☒ Delete  
 STREET ADDRESS  
**3440 HOLLYWOOD BLVD., STE. 360**  
 CITY-ST-ZIP **HOLLYWOOD, FL33021**

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

TITLE  
 NAME **M**  
**RERRAZZANO, ALBERTO G.** ☒ Delete  
 STREET ADDRESS  
**MONTEVIDEO 770**  
 CITY-ST-ZIP **BUENOS AIRES ARGENTINA**

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **MGRM**  
**RIEGER, ALEJANDRO** ☐ Change ☒ Addition  
 STREET ADDRESS  
**1575 BREAKE WATER TERR.**  
 CITY-ST-ZIP **HOLLYWOOD, FL. 33019**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **M**  
**BARREIRO, PABLO G.** ☐ Change ☒ Addition  
 STREET ADDRESS  
**2742 BISCAYNE BLVD.**  
 CITY-ST-ZIP **MIAMI, FL 33137**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 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)(l), 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:

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

Date

Daytime Phone #

CR2E083 (9/01)