

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009168

1. Entity Name

SEA LEVEL INVESTMENTS, LIMITED LIABILITY COMPANY

Principal Place of Business

~~3225 AVIATION AVENUE, SEVENTH FLOOR~~
~~COCONUT GROVE FL 33133~~

Mailing Address

~~3225 AVIATION AVENUE, SEVENTH FLOOR~~
~~COCONUT GROVE FL 33133~~

2. Principal Place of Business

c/o Hinman Straub, P.C.

3. Mailing Address

c/o Hinman Straub, P.C.

Suite, Apt. #, etc.

121 State Street

Suite, Apt. #, etc.

121 State Street

City & State

Albany, NY

City & State

Albany, NY

Zip

12207

Country

USA

Zip

12207

Country

USA

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

Name

Bolanos Truxton, P.A.

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

12800 University Drive

Suite 340

City

St. Myers

FL

Zip Code

33907

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 MGR
NAME SEA LEVEL GENERAL, INC. ☐ Delete
STREET ADDRESS ~~3225 AVIATION AVENUE, SEVENTH FLOOR~~
CITY-ST-ZIP ~~COCONUT GROVE FL 33133~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 121 State Street
CITY-ST-ZIP Albany, NY 12207

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE REQUIRED

4-26-02

514-431-0751

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

Date

Daytime Phone #

CR2E083 (9/01)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90058 034 ****50.00

B0102330



DO NOT WRITE IN THIS SPACE

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)**Sea Level Investments, LLC****2** Trade name of business (if different from name on line 1)**3** Executor, trustee, "care of" name**4a** Mailing address (street address) (room, apt., or suite no.)**121 State Street****5a** Business address (if different from address on lines 4a and 4b)**4b** City, state, and ZIP code**Albany, New York 12207****5b** City, state, and ZIP code**6** County and state where principal business is located**Dade County, Florida****7** Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ►**Patrick J. Riley, President SS# 401-64-4770****8a** Type of entity (Check only one box.) (see instructions)**Caution:** If applicant is a limited liability company, see the instructions for line 8a.☐ Sole proprietor (SSN)☒ Partnership☐ REMIC☐ State/local government☐ Church or church-controlled organization☐ Other nonprofit organization (specify) ►☐ Other (specify) ►☐ Personal service corp.☐ National Guard☐ Farmers' cooperative☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☐ Other corporation (specify) ►☐ Trust☐ Federal government/military☐ (enter GEN if applicable)**8b** If a corporation, name the state or foreign country
(if applicable) where incorporated

State

Florida

Foreign country

9 Reason for applying (Check only one box.) (see instructions)☒ Started new business (specify type) ►☐ Hired employees (Check the box and see line 12.)☐ Created a pension plan (specify type) ►☐ Banking purpose (specify purpose) ►☐ Changed type of organization (specify new type) ►☐ Purchased going business☐ Created a trust (specify type) ►☐ Other (specify) ►**10** Date business started or acquired (month, day, year) (see instructions)**7/25/00****11** Closing month of accounting year (see instructions)**12/31****12** First date wages or annuities were paid or will be paid (month, day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)**N/A****13** Highest number of employees expected in the next 12 months. **Note:** If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural

0

Agricultural

0

Household

0**14** Principal activity (see instructions) ► **Real Estate Investment****15** Is the principal business activity manufacturing?☐ Yes☒ No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.☐ Public (retail)☐ Other (specify) ►☐ Business (wholesale)☒ N/A**17a** Has the applicant ever applied for an employer identification number for this or any other business?☐ Yes☒ No**Note:** If "Yes," please complete lines 17b and 17c.**17b** If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►

Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(305) 662-1661

Fax telephone number (include area code)

(305) 662-1955

Name and title (Please type or print clearly.) ► **Patrick J. Riley, President**

Signature ►

Date ► **10/24/01****Note:** Do not write below this line. For official use only.Please leave
blank ►

Geo.

Ind.

Class

Size

Reason for applying