

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90063 001 ****50.00

DOCUMENT # L00000009603

1. Entity Name

S.A. MARINE, L.L.C.



Principal Place of Business

**1000 SE 15TH STREET
#202
FT LAUDERDALE FL 33316**

Mailing Address

**1000 SE 15TH STREET
#202
FT LAUDERDALE FL 33316**

2. Principal Place of Business

1920 SW 27 Ave

Suite, Apt. #, etc.

3. Mailing Address

1920 SW 27 Ave

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

FORT LAUDERDALE

Zip

FL 33312

Country

USA

City & State

FORT LAUDERDALE

Zip

FL 33312

Country

USA

4. FEI Number

65-1042601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COHEN, MARK
1772 E TRAFALGAR CIR
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **RENS, SOLOMON**
CITY-ST-ZIP **1000 SE 15TH STREET #202
FT LAUDERDALE FL 33316**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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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 SOLOMON RENS

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

1-24-03

Date

954-9143366

Daytime Phone #

CR2E083 (10/02)