

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000010453

1. Entity Name

OCEAN TERRACE LLC

FILED
02 OCT 29 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7500 COLLINS AVE

Suite, Apt. #, etc.

3. Mailing Address

7500 COLLINS AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH, FL

City & State -

MIAMI BEACH, FL

4. FEI Number

65-1066999

Applied For

Not Applicable

Zip

33141

Country

US

Zip

33141

Country

US

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name PABLO J. UMANSKY

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

7500 COLLINS AVE

City MIAMI BEACH

FL

Zip Code 33141

**DO NOT WRITE
IN THIS SPACE**

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 fee, if applicable.

10/28/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

000008730750

10/31/02--01072--012 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME
NAME (MGR) PABLO J. UMANSKY
STREET ADDRESS 7500 COLLINS AVE
CITY - ST - ZIP MIAMI BEACH, FL 33141

TITLE NAME
NAME (MGR) DANIEL MARROCCHI
STREET ADDRESS 7500 COLLINS AVE
CITY - ST - ZIP MIAMI BEACH, FL 33141

TITLE NAME
NAME (MGR) ESTELA SILBERSTEIN
STREET ADDRESS 7500 COLLINS AVE
CITY - ST - ZIP MIAMI BEACH, FL 33141

TITLE NAME
NAME (MGR) ISSAC BENOLIEL
STREET ADDRESS 7500 COLLINS AVE
CITY - ST - ZIP MIAMI BEACH, FL 33141

TITLE NAME
NAME (MGR) JACOBO BENOLIEL
STREET ADDRESS 7500 COLLINS AVE
CITY - ST - ZIP MIAMI BEACH, FL 33141

TITLE NAME
NAME (MGR) OSCAR LARRAURI
STREET ADDRESS 7500 COLLINS AVE
CITY - ST - ZIP MIAMI BEACH, FL 33141

TITLE NAME
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

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

10/28/02

DATE

Daytime Phone #

CR2E083B (12/01)

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

FILED
02 OCT 29 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

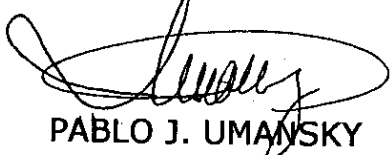
TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2002 UNIFORM BUSINESS REPORT (FIRST NOR SECOND NOTICE OF THE UBR). I HAVE NOT CHANGED MY PRINCIPAL OR MAILING ADDRESS SINCE I INCORPORATED.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY



PABLO J. UMANSKY
MGR