

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012323

1. Entity Name

DEEP STREAM DEVELOPMENT, L.L.C.

FILED

01 APR 11 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2601 SOUTH BAYSHORE DRIVE, 19TH FL.
MIAMI FL 33133

Mailing Address

2601 SOUTH BAYSHORE DRIVE, 19TH FL.
MIAMI FL 33133

2. Principal Place of Business

3193 SW 27th Ave.

3. Mailing Address

1794 Opechee Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1053413

Applied For

Not Applicable

Zip

33133

Country

Zip

33133

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COBER CORPORATE AGENTS, INC.

2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR

MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

Norman T. Roberts

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

50 W. Mashta Drive

City

Key Biscayne

FL

Zip Code

33149

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

4/6/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

500004035835-5

-04/20/01--01086--002

*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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10. ADDITIONS/CHANGES

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CITY-ST-ZIP

☐ Change ☒ Addition

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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:

Sheila K. Boyce

4/9/01

305-857-0466

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

Date

Daytime Phone #

0008956 AF

CR2E083 (11/00)