

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90135 038 \*\*\*\*50.00

**DOCUMENT # L00000012323**

1. Entity Name  
**DEEP STREAM DEVELOPMENT, L.L.C.**

Principal Place of Business

**3193 SW 27TH AVE  
 MIAMI FL 33133**

Mailing Address

**1794 OPECHEE DRIVE  
 MIAMI FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1053413**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**ROBERTS, NORMAN T  
 50 W. MASHTA DRIVE  
 KEY BISCAYNE FL 33149**

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

**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 **P** ☐ Delete  
 NAME **BOYCE, THOMAS H**  
 STREET ADDRESS **1794 OPECHEE DRIVE**  
 CITY-ST-ZIP **MIAMI FL 33133**

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

TITLE **VS** ☐ Delete  
 NAME **BOYCE, SHEILA K**  
 STREET ADDRESS **1794 OPECHEE DRIVE**  
 CITY-ST-ZIP **MIAMI FL 33133**

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

TITLE **AST** ☐ Delete  
 NAME **LONDON, I. EDWARD**  
 STREET ADDRESS **50 W. MASHTA DRIVE**  
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*Sheila K. Boyce* **SHEILA K. BOYCE**

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

**4/16/02**

Date

**305-857-0466**

Daytime Phone #

CR2E083 (9/01)