

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90127 045 ****50.00

DOCUMENT # L01000000088

1. Entity Name
BLUE SEAS HOLDINGS, LLC



Principal Place of Business

Mailing Address

2901 SW 8 STREET
SUITE 204
MIAMI FL 33135

2901 SW 8 STREET
SUITE 204
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

3822 West 12 Ave
Suite, Apt. #, etc.

3822 West 12 Ave
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Hialeah, Florida

Zip

33012

Country

USA

City & State

Hialeah, Florida

Zip

33012

Country

USA

4. FEI Number 65-1066288

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

BOSCHETTI, JOSE R
2901 SW 8TH STREET
SUITE 204
MIAMI FL 33135

Name

Martin Caparros, Jr

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

5779 NW 151 street

City

Miami Lakes

FL

Zip Code

33014

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

4/1/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME BOSCHETTI, JOSE R ☒ Delete
STREET ADDRESS 2901 SW 8 STREET
CITY-ST-ZIP MIAMI FL 33135

TITLE Manager
NAME Maurice Cayon ☐ Change ☒ Addition
STREET ADDRESS 3822 West 12 Avenue
CITY-ST-ZIP Hialeah, Florida 33012

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Manager
NAME Martin Caparros, Jr ☐ Change ☒ Addition
STREET ADDRESS 5779 NW 151 street
CITY-ST-ZIP Miami Lakes, FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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: X

SIGNATURE REQUIRED

4/1/03

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

Date

Daytime Phone #

CR2E083 (10/02)