2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State
01-17-2002 90015 014 ****50.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT #: L01000001005

1. Entity Name
SEABREEZE INDUSTRIAL GROUP, L.L.C.

Principal Place of Business	Mailing Address
2500 N.W. 79TH AVENUE. SUITE 207 MIAMI FL 33122	2500 N.W. 79TH AVENUE. SUITE 207 MIAMI FL 33122

2. Principal Place of Business		3. Mailing Address	
8011 NW 14 STREET		8011 NW 14 STREET	
Suite, Apt. #, etc.: SUITE 200		Suite, Apt. #, etc.: SUITE 200	
City & State: MIAMI, FL.		City & State: MIAMI, FL.	
Zip: 33126	Country: USA	Zip: 33126	Country: USA

4. FEI Number: 65-1069384 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRUENINGER AND PUJOL, P.A.
3191 CORAL WAY, SUITE 1005
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name: JAVIER E. CAPPELLETI
Street Address (P.O. Box Number is Not Acceptable): 8011 NW 14 STREET, SUITE 200
City: MIAMI FL Zip Code: 33126

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] JAVIER E. CAPPELLETI, DIRECTOR MANAGING MEMBER 1/9/02
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 NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER, DIRECTOR ☐ Delete JAVIER E. CAPPELLETI 6205 SW 149 TERR. MIAMI, FL. 33158	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER, DIRECTOR ☐ Delete JAIME A. URANGA 14621 SW 66 AVE. MIAMI, FL. 33158	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

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] JAVIER E. CAPPELLETI, DIRECTOR MANAGING MEMBER 1/9/02 305.592-7565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #