

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90057 046 ****50.00

DOCUMENT # L01000004561

1. Entity Name

BLUE EYES, LLC

Principal Place of Business

**3635 STEWART AVE.
 COCONUT GROVE FL 33133**

Mailing Address

**3635 STEWART AVE.
 COCONUT GROVE FL 33133**

2. Principal Place of Business

3681 FLAMINGO DR.

Suite, Apt. #, etc.

3. Mailing Address

167 NW 25 ST.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

MIAMI, FL

Zip

33140

Country

USA

Zip

33127

Country

USA

4. FEI Number

65-1108227

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SCHINDER, BARRY S ESQ,
 1946 TYLER STREET
 HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name

DAVID LOMBARDI

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

167 NW 25TH ST.

City

MIAMI

FL

Zip Code

33127

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.

DAVID LOMBARDI VICE PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

1/31/02

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 SAEWITZ, MAX P
 3635 STEWART AVE.
 COCONUT GROVE FL 33133** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VICE PRESIDENT
 DAVID LOMBARDI
 167 NW 25TH ST.
 MIAMI, FL 33127** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TOOD GLASER MGRM
 120 NW 25 ST. #303
 MIAMI, FL 33127** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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

DAVID LOMBARDI

1/31/02

Date

(305) 695-1600

Daytime Phone #

CR2E063 (9/01)