

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000006958

1. Entity Name
DAS BOOT, LLC

FILED
Aug 06, 2002 8:00 am
Secretary of State

07-16-2002 90370 010 ****50.00

Principal Place of Business
999 S. BAYSHORE DRIVE
TOWER 1, SUITE 1901
MIAMI FL 33131

Mailing Address
999 S. BAYSHORE DRIVE
TOWER 1, SUITE 1901
MIAMI FL 33131

40671

2. Principal Place of Business
1717 N. Bayshore Dr

3. Mailing Address
Same as 2.

Suite, Apt. #, etc.
3034

Suite, Apt. #, etc.

City & State
Miami FL

City & State

Zip
33132

Country
USA

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, WESLEY M ESQ.
501 BRICKELL KEY DRIVE
SUITE 504
MIAMI FL 33131

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. 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Co-Principal
Stephan Baker
1717 N. Bayshore Dr, # 3034
Miami FL 33132

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Co-Principal
Scott W. McDonald
3650 North Bayhomes Drive
Coconut Grove, FL 33133

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ 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: Stephan Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)