

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90237 043 ****50.00

DOCUMENT # L01000008515

1. Entity Name

C.L. AQUA SPORT, L.L.C.

Principal Place of Business

~~2120 SW 16TH TERRACE~~
~~MIAMI FL 33145~~

Mailing Address

~~2120 SW 16TH TERRACE~~
~~MIAMI FL 33145~~

2. Principal Place of Business

45 S.W. 19TH ROAD

3. Mailing Address

45 S.W. 19TH ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-1128571

Applied For

Not Applicable

Zip

33129

Country

MIAMI-DADE

Zip

33129

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

~~WALROTH-SADURNI, STEPHEN P~~
~~5200 BLUE LAGOON DRIVE, SUITE 600~~
~~MIAMI FL 33126~~

Name

JUAN A. SEENA JR

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

45 S.W. 19TH ROAD

City

MIAMI

FL

Zip Code

33129

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

Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-3-02

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 ☐ Delete
NAME **MGRM**
STREET ADDRESS **PARDO, ALBERTO**
CITY-ST-ZIP **2120 SW 16TH TERRACE**
MIAMI FL 33145

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

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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

RE REQUIRED

7-3-02

205-858-2212

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

Date

Daytime Phone #

CR2E083 (9/01)