2002 UNIFORM BUSINESS REPORT (UBR)

001125

DOCUMENT # L01000010728

1. Entity Name

BLUE COAST INTERNATIONAL II, L.L.C.

Principal Place of Business	Mailing Address
7014 NW 50TH STREET MIAMI FL 33166-5634	7014 NW 50TH STREET MIAMI FL 33166-5634

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number: 65-1118969 — Applied For — Not Applicable
Zip — Country	Zip — 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
~~CUEVAS, ANDREW ESQ.~~ ~~536 BILTMORE WAY~~ ~~CORAL GABLES FL 93134~~	Name ARMANDO RAY CIENFUEGOS Street Address (P.O. Box Number is Not Acceptable) 3270 S.W 17 Street. City MIAMI FL Zip Code 33145

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 X _Cienfuegos_
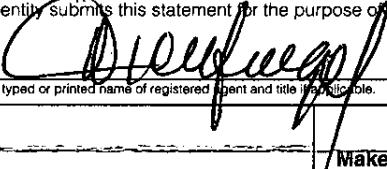
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 **MGR** NAME **BLUE COAST INTERNATION, LLC** STREET ADDRESS **7014 NW 50TH STREET** CITY-ST-ZIP **MIAMI FL 33166-5634**	☐ 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: _____ 05/14/02 (305) 436 9460
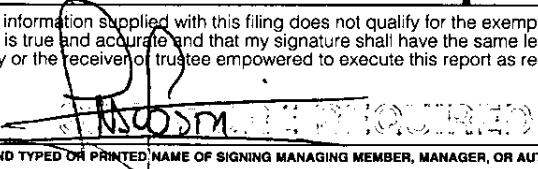
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #