

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L01000014109**

1. Entity Name

**ATLANTICA MARINE, L.L.C.****FILED****Aug 18, 2002 8:00 am**  
**Secretary of State**

08-18-2002 90125 047 \*\*\*\*58.75

Principal Place of Business

**9200 SOUTH DADELAND BLVD., SUITE 700**  
**MIAMI FL**

Mailing Address

**9200 SOUTH DADELAND BLVD., SUITE 700**  
**MIAMI FL**

2. Principal Place of Business

**9590 N.W. 25th Street**

Suite, Apt. #, etc.

3. Mailing Address

**9590 N.W. 25th Street**

Suite, Apt. #, etc.

City &amp; State

**Miami, FL**

City &amp; State

**Miami, FL.**

4. FEI Number

**80-0033961**

Applied For

Not Applicable

Zip

**33172**

Country

**USA**

Zip

**33172**

Country

**USA**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**

Name

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

City

**FL**

Zip Code

**TRAINOR, DIANE ESQ.**  
**9200 SOUTH DADELAND BLVD., SUITE 700**  
**MIAMI FL**

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**

| 9. MANAGING MEMBERS/MANAGERS                   |                                 | 10. ADDITIONS/CHANGES                          |   |
|--|---------------------------------|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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**MNGRM****MARTINEZ, RICARDO****9590 N.W. 25th Street****Miami, FL. 33172**

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

Date

Daytime Phone #

**8/2/02 305-463-9500**

CR2E083 (4/02)