

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90091 004 ****50.00

DOCUMENT # L01000016009**1. Entity Name**
GRAND OCEAN L.C.**Principal Place of Business****338 MINORCA AVENUE**
CORAL GABLES FL 33134**Mailing Address****338 MINORCA AVENUE**
CORAL GABLES FL 33134**2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number**☒ **Applied For**
☐ **Not Applicable****5. Certificate of Status Desired**☐ **\$5.00 Additional Fee Required****6. Name and Address of Current Registered Agent****CABEZA, MANUEL E**
338 MINORCA AVENUE
CORAL GABLES FL 33134**7. Name and Address of New Registered Agent****Name**
International Registered Agents Corporation**Street Address (P.O. Box Number is Not Acceptable)****338 Minorca Avenue****City****Coral Gables****FL****Zip Code****33134****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** *Maria Elena Cabeza* **Maria Elena Cabeza, President** **April 2, 2002**
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****TITLE** **MGR** ☐ **Delete**
NAME **CABEZA, MANUEL E**
STREET ADDRESS **338 MINORCA AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33134****TITLE** ☐ **Delete**
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CITY-ST-ZIP**10. ADDITIONS/CHANGES****TITLE** ☐ **Change** ☐ **Addition**
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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:** *Manuel E. Cabeza* **Manuel E. Cabeza, Manager** **4/2/02** **(305) 444-7282**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)