

# **LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90133 038 \*\*\*\*50.00

DOCUMENT # L 0 1000016715

1. Entity Name

1407 Ocean Drive Holdings L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

338 Minorca Avenue

Suite, Apt. #, etc.

3. Mailing Address

338 Minorca Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Coral Gables, FL

City &amp; State

Coral Gables, FL

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

33134

Country

US

Zip

33134

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional  
 Fee Required

7. Name and Address of Current 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

DO NOT WRITE  
IN THIS SPACE

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, President

April 30, 2002

DATE

## **9. MANAGING MEMBERS/MANAGERS**

|                |                        |                |  |
|----------------|------------------------|----------------|--|
| TITLE          | MGR                    | TITLE          |  |
| NAME           | Sanchez, Flor Marina   | NAME           |  |
| STREET ADDRESS | 338 Minorca Avenue     | STREET ADDRESS |  |
| CITY- ST- ZIP  | Coral Gables, FL 33134 | CITY- ST- ZIP  |  |
| TITLE          |                        | TITLE          |  |
| NAME           |                        | NAME           |  |
| STREET ADDRESS |                        | STREET ADDRESS |  |
| CITY- ST- ZIP  |                        | CITY- ST- ZIP  |  |
| TITLE          |                        | TITLE          |  |
| NAME           |                        | NAME           |  |
| STREET ADDRESS |                        | STREET ADDRESS |  |
| CITY- ST- ZIP  |                        | CITY- ST- ZIP  |  |
| TITLE          |                        | TITLE          |  |
| NAME           |                        | NAME           |  |
| STREET ADDRESS |                        | STREET ADDRESS |  |
| CITY- ST- ZIP  |                        | CITY- ST- ZIP  |  |
| TITLE          |                        | TITLE          |  |
| NAME           |                        | NAME           |  |
| STREET ADDRESS |                        | STREET ADDRESS |  |
| CITY- ST- ZIP  |                        | CITY- ST- ZIP  |  |

DO NOT WRITE  
IN THIS SPACE

10. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(a), 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:

Flor M. Sanchez (305) 0444-7282

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

Date

4/30/02

Signature (Print Name)