

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90074 046 \*\*\*\*50.00

**DOCUMENT # L02000008235**

1. Entity Name

**BISCAYNE BAY HOLDINGS, LLC**



Principal Place of Business

**6540 SW 145 ST.  
MIAMI FL 33158**

Mailing Address

**6540 SW 145 ST.  
MIAMI FL 33158**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERRY, JAMES H II ESQ  
BLANCK & PERRY, P.A.  
5730 SW 74 ST., STE. 700  
MIAMI FL 33143**

Name

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

City

**FL**

Zip Code

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **TELLAM, SANDRA**  
STREET ADDRESS **6540 SW 145 ST.**  
CITY-ST-ZIP **MIAMI FL 33158**

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

TITLE ☐ Delete  
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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:

**SCHAFER REQUIRED**

**04/24/03**

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

Date

Daytime Phone #

CR2E083 (10/02)

Attachment

30060405  
#102000008238Form **SS-4**

(Rev. April 2000)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <b>BISCAYNE BAY HOLDINGS LLC</b>	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, (care of) name
	4a Mailing address (street address) (room, apt., or suite no.) <b>6540 SW 145 ST</b>	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code <b>MIAMI FL 33158</b>	5b City, state, and ZIP code
	6 County and state where principal business is located <b>MIAMI-DADE COUNTY FL</b>	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► <b>SANDRA TELLAM 335-62-1958</b>	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- |   |  |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN)                    | <input type="checkbox"/> Estate (SSN of decedent)                            |
| <input type="checkbox"/> Partnership                              | <input type="checkbox"/> Plan administrator (SSN)                            |
| <input type="checkbox"/> REMIC                                    | <input checked="" type="checkbox"/> Other corporation (specify) ► <b>LLC</b> |
| <input type="checkbox"/> State/local government                   | <input type="checkbox"/> Trust   |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military                         |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | (enter GEN if applicable)  |
| <input type="checkbox"/> Other (specify) ►                        |  |

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

FL

Foreign country

- 9 Reason for applying (Check only one box.) (see instructions)
- ☒ Started new business (specify type) ►
- ☐ Banking purpose (specify purpose) ►
- ☐ Changed type of organization (specify new type) ►
- ☐ Purchased going business
- ☐ Created a trust (specify type) ►
- ☐ Other (specify) ►
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type) ►

10 Date business started or acquired (month, day, year) (see instructions)  
**4-8-02**11 Closing month of accounting year (see instructions)  
**DEC 31**12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ► **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) . . . . . ►

Nonagricultural

Agricultural

Household

14 Principal activity (see instructions) ► **MARINE SERVICES**15 Is the principal business activity manufacturing? . . . . . ☐ Yes ☒ No  
If "Yes," principal product and raw material used ►16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☒ Public (retail) ☐ Other (specify) ► ☐ N/A17a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . ☐ Yes ☒ No  
Note: If "Yes," please complete lines 17b and 17c.17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ► Trade name ►17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

**305-381-9500**

Fax telephone number (include area code)

Name and title (Please type or print clearly.) ► **Sandra Tellam**Signature ► **Sandra Tellam**Date ► **04/24/03**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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