

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90003 001 ****50.00

DOCUMENT # L02000010336

1. Entity Name
BREEZE, LLC



Principal Place of Business

P.O. BOX 272129
BOCA RATON FL 33427

Mailing Address

P.O. BOX 272129
BOCA RATON FL 33427

2. Principal Place of Business

444 Hendricks Isle
Suite, Apt. #, etc.

3. Mailing Address

444 Hendricks Isle
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

FT. Lauderdale, FL

City & State

FT. Lauderdale, FL

4. FEI Number

37-1428715

Applied For

☐ Not Applicable

Zip

33301

Country

Zip

33301

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMMER, RUSSELL
1212 NW 16TH STREET
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name **HAMMER, RUSSELL**

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

444 Hendricks Isle

City **FT. Lauderdale**

FL

Zip Code

33301

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 **Russell Hammer**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **D** ☐ Delete
NAME **JACOBI, EDUARDO H**
STREET ADDRESS **P.O. BOX 272129**
CITY-ST-ZIP **BOCA RATON FL 33427**

TITLE **D** ☐ Delete
NAME **MIGUENS, ENRIQUE M**
STREET ADDRESS **P.O. BOX 272129**
CITY-ST-ZIP **BOCA RATON FL 33427**

TITLE **D** ☐ Delete
NAME **ROBIROSA, HERNAN CIBILS**
STREET ADDRESS **P.O. BOX 272129**
CITY-ST-ZIP **BOCA RATON FL 33427**

TITLE **D** ☐ Delete
NAME **GOWLAND, MARCELLO**
STREET ADDRESS **P.O. BOX 272129**
CITY-ST-ZIP **BOCA RATON FL 33427**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

Eduardo Jacobi

3/6/03

(561)368-6884

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

Date

Daytime Phone #

CR2E083 (10/02)