

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

01-28-2003 90047 040 \*\*\*\*61.25

**DOCUMENT # L02000013547**

1. Entity Name  
**LAND AND SEA AQUISITIONS LLC**



Principal Place of Business

Mailing Address

P.O. BOX 330842  
MIAMI FL 33233  
US

P.O. BOX 330842  
MIAMI FL 33233  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**25-1902001**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ZIM, ERIC M**  
**2841 DAY AVE.**  
**MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name **Eric Zimelman**  
Street Address (P.O. Box Number is Not Acceptable)  
**2841 Day Ave.**  
**Miami**  
City

**FL** Zip Code  
**33133**

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 state applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/23/03**

**FILE NOW!!! FEE IS \$50.00**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **President**  
NAME **Eric Zimelman**  
STREET ADDRESS **2841 Day Ave**  
CITY-ST-ZIP **Miami, FL 33133**

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10. ADDITIONS/CHANGES

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☐ Addition

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]**

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

**1/23/03 305445-2664**

Date

Daytime Phone #

CR2E083 (10/02)