

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90022 048 ****50.00

DOCUMENT # L02000023860

1. Entity Name
METAL COAST, L.L.C.



Principal Place of Business

Mailing Address

**536 BILTMORE WAY
CORAL GABLES FL 33134**

**536 BILTMORE WAY
CORAL GABLES FL 33134**

20024043



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

3900 NW 79th Avenue

3900 NW 79th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

429

429

City & State

City & State

Miami, Florida

Miami, Florida

4. FEI Number

14-1848468

Applied For

Not Applicable

Zip

Country

33166

USA

Zip

Country

33166

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CUEVAS, ANDREW ESQ.
CUEVAS & RUBIN, P.A.
536 BILTMORE WAY
CORAL GABLES FL 33134**

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)

01/24/03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BLUE COAST INTERNATIONAL, L.L.C.
536 BILTMORE WAY
CORAL GABLES FL 33134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Blue Coast International, L.L.C.
3900 NW 79th Avenue #429
Miami, Florida 33166** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
METAL-EAGLE II, L.L.C.
536 BILTMORE WAY
CORAL GABLES FL 33134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Metal-Eagle II, L.L.C.
3900 NW 79th Avenue #429
Miami, Florida 33166** ☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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☐ Change ☐ 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:

Andrew Cuevas

01/24/03

(305) 513 8893

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

Date

Daytime Phone #

CR2E083 (10/02)