

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

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

03-13-2003 90004 020 ****50.00

DOCUMENT # L02000032605

1. Entity Name

OCEANFRONT INVESTMENT, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1390 BRICKELL AVENUE

3. Mailing Address

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

City & State

MIAMI

FLORIDA

City & State

Zip

33131

Country

USA

Zip

Country

4. FEI Number

48-1291432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Alvaro Castillo, Esq

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

1390 Brickell Avenue,

Suite 200

City

Miami

FL

Zip Code

33131

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

3-10-03

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

| | | | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT MARK AORDES 1390 BRICKELL AV. #200 MIAMI - FL - 33131 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY MICHAEL POLLACK 1390 BRICKELL AV. #200 MIAMI - FL - 33131 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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**DO NOT WRITE
IN THIS SPACE**

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

3/10/03

Date

305 371 472

Daytime Phone #

CR2E083B (12/02)