

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # L02000032749

1. Entity Name

OCEAN BLUE OVERSEAS, L.L.C.



FILED
03 OCT 28 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16500 Collins Avenue

3. Mailing Address

Suite, Apt. #, etc.
Unit 1655

Suite, Apt. #, etc.

City & State
Sunny Isles, Florida

City & State

Zip
33160

Country
USA

Zip

Country

4. FEI Number
14-1860047

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Angel M. Garcia-Oliver, P.A.

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

269 Giralda Avenue, Suite 302

City
Coral Gables

FL Zip Code
33134

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.

President

10-20-03

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

Operating Manager
Rein W. Soetendal G.
16500 Collins Avenue, Unit 1655
Sunny Isles, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600024213316

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

10-20-03

Date

(305) 446-8431

Daytime Phone #

CR2E083B (12/02)

CSC

CORPORATION SERVICE COMPANY™

L02000032749

ACCOUNT NO. : 072100000032

REFERENCE : 297520 7361995

AUTHORIZATION :

COST LIMIT : \$ 50.00

FILED
03 OCT 28 AM 10:49
FALLS CHURCH, VIRGINIA

ORDER DATE : October 28, 2003

ORDER TIME : 10:14 AM

ORDER NO. : 297520-005

CUSTOMER NO: 7361995

CUSTOMER: Angel M. Garcia-oliver, Esq.
Angel M. Garcia-oliver,
Suite 302
269 Giralda Avenue
Coral Gables, FL 33134

RECEIVED
03 OCT 28 PM 12:53
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: OCEAN BLUE OVERSEAS, L.L.C.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#1135

BR

EXAMINER'S INITIALS: _____