

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000602

1. Entity Name  
PUMP BY THE SEA L.C.

Principal Place of Business  
4353 NORTH OCEAN DR.  
LAUDERDALE BY THE SEA FL 33308

Mailing Address  
4353 NORTH OCEAN DR.  
LAUDERDALE BY THE SEA FL 33308-5025

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number 65-0679639 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

MONTELLO, LOUIS R  
701 BRICKELL AVENUE  
SUITE 1200  
MIAMI FL

## 7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

## 9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM J.A.A.I. CORP. 9733 ARBOR OAKS LANE #201 BOCA RATON FL 33428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAJOR AMERICAN MARKETING INTERNATIONAL COR 6318 N.W. 23RD STREET BOCA RATON FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

## 10.

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## ADDITIONS/CHANGES

☐ Change ☐ Add

000003112280--7  
-01/27/00--01016--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change ☐ Add

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 REQUIRED

1-14-2000 (954) 776 1490

Date Daytime Phone #