

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0002436 AF

DOCUMENT # L97000000692

1. Entity Name
V.SHIPS FLORIDA L. C.

00 APR -6 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1101 BRICKELL AVE., 3RD FLOOR, NORTH TOWER
MIAMI FL 33131

Mailing Address
1101 BRICKELL AVE., 3RD FLOOR, NORTH TOWER
MIAMI FL 33131-3118

2. Principal Place of Business
1101 BRICKELL AVE.

3. Mailing Address
1101 BRICKELL AVE

Suite, Apt., etc. 302-S

Suite, Apt., etc. 302-S

City & State MIAMI FL

City & State MIAMI FL

Zip 33131 Country

Zip 33131 Country

4. FEI Number 65-0763358

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FIRTH, BRUCE W
1101 BRICKELL AVE.
SUITE 302-5
MIAMI FL 33131

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 B. W. Firth FIRTH BRUCE W DATE 4/4/00

(NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WELLNER, ROBERT G 22 JERICHO TURNPIKE MINEOLA NY 11501	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BIGGI, TULLIO 22 JERICHO TURNPIKE MINEOLA NY 11501	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR JUAN, CARLOS 5805 BLUE LAGOON DR., STE. 400 MIAMI FL 33126	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR VALDANO, JUAN C 100 SE 2ND ST., STE. 2930 MIAMI FL 33131	☒ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	100003221801--7 -04/24/00--01158--007 *****55.00 *****55.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ 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: B. W. Firth SIGNATURE REQUIRED FIRTH BRUCE W DATE 4/4/00 305.371.7722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

166(6) (310) - 2-0