

2001 UNIFORM BUSINESS REPORT (UBR)

0012513 AF

DOCUMENT # **L98000001259**

1. Entity Name

BLUEWATER WELLNESS, LIMITED COMPANY

FILED

01 FEB 23 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1711 SE 13TH STREET
FORT LAUDERDALE FL 33316

1711 SE 13TH STREET
FORT LAUDERDALE FL 33316

2. Principal Place of Business

3. Mailing Address

1448 SE 15th ST.

PO BOX 21520

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT # A

City & State

City & State

FT LAUDERDALE, FL

FT. LAUDERDALE, FL

Zip

Country

Zip

Country

33316

USA

33335

USA

4. FEI Number

65-0891288

Applied For

Not Applicable

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

KAGEMAN, MARGRETH

1711 SE 13TH STREET

FORT LAUDERDALE FL 33316

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

Margreth Kageman

Signature, typed or printed name of registered agent and title if applicable.

(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

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
KAGEMAN, MARGRETH
1711 SE 13TH STREET
FORT LAUDERDALE FL 33316** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT
MARGRETH KAGEMAN
1448 SE 15th ST
FT. LAUDERDALE, FL 33316** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition
**100003783871--0
-02/27/01--01142--009
*****50.00 *****50.00**

TITLE
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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:

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

Date

Daytime Phone #

CR2E083 (11/00)