

2000 UNIFORM BUSINESS REPORT (UBR)

0004078 AF

DOCUMENT # L98000001569

1. Entity Name
MARLIN TRANSATLANTIC COMPANY, L.C.

APPROVED
AND
FILED

00 APR 21 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

13001 ZAMBRANA STREET
MIAMI FL 33156

Mailing Address

13001 ZAMBRANA STREET
MIAMI FL 33156-6439

2. Principal Place of Business

9200 S. Dadeland Blvd.

3. Mailing Address

9200 S. Dadeland Blvd.

Suite, Apt. #, etc.

Suite 603

Suite, Apt. #, etc.

Suite 603

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33156

Country

U.S.A.

Zip

33156

Country

U.S.A.

4. FEI Number

65-0881302

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MMW

6. Name and Address of Current Registered Agent

CUEVAS & RUBIN, P.A.

9200 S. DADELAND BLVD., SUITE 603
MIAMI FL 33156

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BROWN, MARTIN
13001 ZAMBRANA STREET
MIAMI FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BROWN, JONATHAN
13001 ZAMBRANA STREET
MIAMI FL 33156 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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
9200 South Dadeland Blvd, Suite 603
Miami, Florida 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500003238385--8
-05/03/00--01137--022
*****55.00 *****55.00

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:

SIGNATURE REVEREND

4/11/2000

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

Date

Daytime Phone #

CR2E083 (9/99)