

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000001569**

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

FILED

01 MAR 22 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**9200 S. DADELAND BLVD.
SUITE 603
MIAMI FL 33156**

Mailing Address
**9200 S. DADELAND BLVD.
SUITE 603
MIAMI FL 33156**



2. Principal Place of Business
536 Biltmore Way
Suite, Apt. #, etc.

3. Mailing Address
536 Biltmore Way
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Coral Gables FL	City & State Coral Gables, FL	4. FEI Number 65-0881302	Applied For <input type="checkbox"/>
Zip 33134	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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 Cuevas & Rubin, P.A. Street Address (P.O. Box Number is Not Acceptable) 536 Biltmore Way City Coral Gables FL Zip Code 33134
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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 *Jonathan R. Rubin* DATE **3/19/01**
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Manager
Martin Brown
536 Biltmore Way
Coral Gables, FL 33134

700003912527-6
-03/27/01-01082-025
*****50.00 *****50.00

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: *Jonathan R. Rubin* DATE **3/19/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #

305-461-9500

CR2E083 (11/00)