

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000503**

1. Entity Name

Sea Breeze Developers, LLC

Principal Place of Business

Mailing Address

16400 Collins Avenue
Miami Beach, Florida 33160

Same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0894575

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

CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

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: MGR ☒ Delete
NAME: Gerti Kleikamp
STREET ADDRESS: 16400 Collins Avenue
CITY-ST-ZIP: Miami Beach, Florida 33160

TITLE: MGR ☒ Delete
NAME: Gerald Pankow
STREET ADDRESS: 16400 Collins Avenue
CITY-ST-ZIP: Miami Beach, Florida 33160

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: MGR / P/S ☒ Change ☐ Addition
NAME: Franz C. Ditterich
STREET ADDRESS: 16400 Collins Avenue
CITY-ST-ZIP: Miami Beach, Florida 33160

TITLE: MGR/VP/AS ☒ Change ☐ Addition
NAME: Geert W. Flammersfeld
STREET ADDRESS: 16400 Collins Avenue
CITY-ST-ZIP: Miami Beach, Florida 33160

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

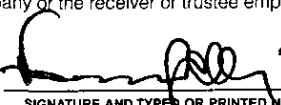
TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

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

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:



Geert W. Flammersfeld

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

Date

Daytime Phone #

CR2E083 (11/99)

FILED

00 JUN -1 PM 4:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

WR 6/2