2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002308

1. Entity Name
CIBE BLUE OCEAN LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 15 PM 3: 14

Principal Place of Business	Mailing Address
3 EAST 54TH STREET, SUITE 1265 NEW YORK NY 10022	3 EAST 54TH STREET, SUITE 1265 NEW YORK NY 10022-3108

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3651604 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PARALEGAL AND ATTORNEY SERVICE BUREAU, INC
1406 HAYS STREET, #2
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name: Jay Lenhoff
Street Address (P.O. Box Number is Not Acceptable): 4350 Hillcrest Blvd.
Building 22, Unit 510
City: Hollywood **FL** Zip Code: 33121

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] Jan, 00
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

BLT

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELANEY (US) INC 3 EAST 54TH STREET, SUITE 1265 NEW YORK NY 10022	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALAR (US) INC. 3 EAST 54TH STREET, SUITE 1265 NEW YORK NY 10022	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200003148842--0 -02/28/00--01019--001 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUGGERI, ROBERTO 3 EAST 54TH STREET, SUITE 1265 NEW YORK NY 10022	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/99)

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: SALAR (US) INC [signature] STEFANO PUTTSELL 212-593-3570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #