

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002388

1. Entity Name

ATLANTIC BLUE SEAS, L.C.

**FILED**  
May 27, 2002 8:00 am  
Secretary of State

05-27-2002 90407 022 \*\*\*\*50.00

Principal Place of Business

1688 MERIDIAN AVENUE, SUITE #506  
MIAMI BEACH FL 33139

Mailing Address

1688 MERIDIAN AVENUE, SUITE #506  
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

18305 BISCAYNE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 402

City & State

City & State

AVENTURA, FL.

Zip

Country

Zip

Country

33160

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0925758

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

REGISTERED AGENTS OF FLORIDA, LLC  
100 SE 2ND STREET  
SUITE 3500  
MIAMI FL 33131

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BENHAMOU, GILBERT  
1688 MERIDIAN AVENUE, SUITE #506  
MIAMI BEACH FL 33139 ☐ 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  
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CITY-ST-ZIP ☐ Delete

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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:

GILBERT BENHAMOU

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

Date

Daytime Phone #

4/26/02 305-931-4959

CR2E083 (9/01)