

2000 UNIFORM BUSINESS REPORT (UBR)

0002775 AF

DOCUMENT # L99000006883

Entity Name
MARLIN COAST, LC

FILED

00 APR 20 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
200 SOUTH BISCAYNE BLVD., SUITE 1050
FIRST UNION FINANCIAL CENTER
MIAMI FL 33131-2394

Mailing Address
200 SOUTH BISCAYNE BLVD., SUITE 1050
FIRST UNION FINANCIAL CENTER
MIAMI FL 33131-2329

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 65-0955818

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

BENNETT, JOSH N
200 SOUTH BISCAYNE BLVD., SUITE 1050
FIRST UNION FINANCIAL CENTER
MIAMI FL 33131-2394

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
CALM WAVES TRUST
200 SOUTH BISCAYNE BLVD., SUITE 1050
MIAMI FL 33131-2394 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
0000003216760-3
-04/20/00--01070--026
****488.75 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
BLUE SKY TRUST
200 SOUTH BISCAYNE BLVD., SUITE 1050
MIAMI FL 33131-2394 ☐ Delete

TITLE
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CITY- ST- ZIP
☐ Change ☐ Addition

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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:

Virginia Dominguez, Manager

4-05-00 (305)534-9090

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

Date

Daytime Phone #

CR2E083 (9/99)