

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006883

1. Entity Name

MARLIN COAST, LC

FILED

01 APR -4 AM 10:46

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 33131-2304~~

Mailing Address

~~200 SOUTH BISCAYNE BLVD., SUITE 1050~~
~~FIRST UNION FINANCIAL CENTER~~
~~MIAMI FL 33131-2304~~

2. Principal Place of Business

1623 Collins Ave
Suite, Apt. #, etc. # 909

3. Mailing Address

1623 Collins Ave
Suite, Apt. #, etc. # 909

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33139

Country

DADE

Zip

33139

Country

DADE

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

BENNETT, JOSH N

~~200 SOUTH BISCAYNE BLVD., SUITE 1050~~
~~FIRST UNION FINANCIAL CENTER~~
~~MIAMI FL 33131-2304~~

511 N.E. 3rd Ave
2nd floor
Fort Lauderdale
FL 33301

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 NAME MGRM
STREET ADDRESS CALM WAVES TRUST
CITY-ST-ZIP 200 SOUTH BISCAYNE BLVD., SUITE 1050
MIAMI FL 33131-2304
Same as above

TITLE NAME MGRM
STREET ADDRESS BLUE SKY TRUST
CITY-ST-ZIP 200 SOUTH BISCAYNE BLVD., SUITE 1050
MIAMI FL 33131-2304
Same as above

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10.

ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 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:

Virginia Dominguez

March 25/2001

305
534-9090

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

Date

Daytime Phone #

CR2E083 (11/00)