

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007602

1. Entity Name

CLOUDBREAK, L.L.C.

Principal Place of Business

8500 S.W. 92ND STREET, SUITE 204  
MIAMI FL 33156

Mailing Address

8500 S.W. 92ND STREET, SUITE 204  
MIAMI FL 33156

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

65-0964126

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLOUDBREAK, L.L.C.  
8500 SW 92 STREET, #204  
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

SETH NACHMAN

Street Address (P.O. Box Number is Not Acceptable)

8500 SW 92 ST #204

City

MIAMI

FL

Zip Code

33156

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

TITLE NAME ☐ Delete  
MGR NACHMAN, SETH  
STREET ADDRESS 8500 S.W. 92ND STREET, SUITE 204  
CITY-ST-ZIP MIAMI FL 33156

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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

SETH NACHMAN

4/6/02

FILED

02 SEP 05 12:20 PM 10:20  
0522-200290231 009 \*\*\*\*\*50.00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

9.06



9/12

DO NOT WRITE IN THIS SPACE

11/11/02