

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000007654**

1. Entity Name

**DISCOVERY - SEA AND LAND - ALL SERVICES, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JAN 31 AM 8:12

Principal Place of Business

888 SOUTHEAST THIRD AVENUE, SUITE 400  
FORT LAUDERDALE FL 33316

Mailing Address

888 SOUTHEAST THIRD AVENUE, SUITE 400  
FORT LAUDERDALE FL 33316-1159



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**ONE FINANCIAL PLAZA**

Suite, Apt. #, etc.

**SUITE 2626**

City & State

**FORT LAUDERDALE FL**

Zip

**33394**

Country

3. Mailing Address

**ONE FINANCIAL PLAZA**

Suite, Apt. #, etc.

**SUITE 2626**

City & State

**FORT LAUDERDALE FL**

Zip

**33394**

Country

4. FEI Number

**65-0961884**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BEHAR, LARRY J P.A.**

**888 SOUTHEAST THIRD AVENUE, SUITE 400  
FORT LAUDERDALE FL 33316**

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 ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **LEGROS, JEAN-LOUIS**  
CITY-ST-ZIP **888 SOUTHEAST THIRD AVENUE, SUITE 400  
FORT LAUDERDALE FL 33316**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **800003121628--8**  
CITY-ST-ZIP **-02/02/00--01108--002**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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

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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:

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #