**FILED** 

## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## May 05, 2003 8:00 am Secretary of State DOCUMENT # L9900008090 05-05-2003 90088 035 \*\*\*\*50.00 TEQUILA BLUE ON THE BEACH, LLC Principal Place of Business Mailing Address 601 BRICKELL KEY DRIVE, STE. 802 601 BRICKELL KEY DRIVE. STE. 802 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business Brickell ky lu Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 65-0964041 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VAZQUEZ, GERARDO A ESQUIRE 601 BRICKELL KEY DRIVE, SUITE 802 MIAMI FL 33131 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered A Signature, typed or printed name of registered agent and title if applicable. ent signature required when reinstating) FILE NOW!!! PEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE **MGRM** ☐ Delete TITLE ☐ Change ☐ Addition NAME TEQUILA BLUE, INC. NAME STREET ADDRESS STREET ADDRESS 601 BRICKELL KEY DRIVE, STE. 802 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 TITLE MGRM ☐ Delete TITLE Change ☐ Addition NAME NAME GENARO LOZANO FLORIDA, LLC STREET ADDRESS STREET ADDRESS 601 BRICKELL KEY DRIVE, STE. 802 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 **MGRM** ☐ Delete ☐ Change TIT) F TITLE ☐ Addition NAME NAME TEQUILA SHOT, INC. STREET ADDRESS STREET ADDRESS 601 BRICKELL KEY DRIVE, STE. 802 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition NAME NEW OCEAN BLUE, INC. NAME STREET ADDRESS STREET ADDRESS 601 BRICKELL KEY DRIVE, STE. 802 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS 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: GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*30*5-710-0974