

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90121 002 ****50.00

DOCUMENT # M01000001319

1. Entity Name

SEA, SAND & SUN LLC

Principal Place of Business

**1581 BRICKWELL AVE., STE. T201
 MIAMI FL 33129**

Mailing Address

**1581 BRICKWELL AVE., STE. T201
 MIAMI FL 33129**

B0042250

2. Principal Place of Business

1581 BRICKWELL AVE.

Suite, Apt. #, etc.

T 201

3. Mailing Address

1581 BRICKWELL AVE.

Suite, Apt. #, etc.

T 201

City & State

MIAMI FLORIDA

Zip

33129

Country

USA

City & State

MIAMI FLORIDA

Zip

33129

Country

USA

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

ANDREAS T. MEINHOLD

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

1581 BRICKWELL AVE. PH T 201

City

MIAMI

FL

Zip Code

33129

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

Andreas T. Meinhold

ANDREAS T. MEINHOLD

02-28-02

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 **ANDREAS T. MEINHOLD** ☐ Delete
 NAME **PRINCIPLE**
 STREET ADDRESS **1581 BRICKWELL AVE STE T201**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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:

Andreas T. Meinhold

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

Date

02-28-02

Daytime Phone #

351-898388

CR2E083 (9/01)