

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M98000000047**

1. Entity Name

SURFCOMBER MELBOURNE ASSOCIATES, LLC

Principal Place of Business

Mailing Address

**C/O MIRMELLI
100 SE 2ND ST SUITE 2600
MIAMI FL 33131****C/O MIRMELLI
100 SE 2ND ST SUITE 2600
MIAMI FL 33131**

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

65-0800761

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent -

7. Name and Address of New Registered Agent

**MIRMELLI, STEWART M ESQ
C/O MIRMELLI
100 SE 2ND ST SUITE 2600
MIAMI FL 33131**

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

**TITLE MGR
NAME SURFCOMBER MELBOURNE MANAGEMENT, INC.
STREET ADDRESS 100 S.E. 2ND ST., SUITE 2600
CITY-ST-ZIP MIAMI FL 33131**☐ Delete☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Delete☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Delete☐ Change ☐ Addition**TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Delete☐ Change ☐ Addition

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 606, Florida Statutes.

SIGNATURE: *[Signature]***NOT REQUIRED****1-7-02****FILED**
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90028 036 ****50.00



DO NOT WRITE IN THIS SPACE

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