

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000210

1. Entity Name

SEQUOIA DEVELOPMENT INTERNATIONAL, LLC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -2 PM 4: 20

Principal Place of Business

5201 BLUE LAGOON DRIVE, PENTHOUSE
MIAMI FL 33126

Mailing Address

5201 BLUE LAGOON DRIVE, PENTHOUSE
MIAMI FL 33126-2064



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 GRECO AVE
Suite, Apt. #, etc.

3. Mailing Address

300 GRECO AVE
Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip
33146

Country
USA

Zip
33146

Country
USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS STREET, SUITE 2
TALLAHASSEE FL 32301

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
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
DEL PINO, CARLOS F
5201 BLUE LAGOON DRIVE, PENTHOUSE
MIAMI FL 33126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
WILSON, KENNETH N
5201 BLUE LAGOON DRIVE, PENTHOUSE
MIAMI FL 33126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
WOJCIECHOWSKI, KEVIN
5201 BLUE LAGOON DRIVE, PENTHOUSE
MIAMI FL 33126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SALADIN, ROBERTO
5201 BLUE LAGOON DRIVE, PENTHOUSE
MIAMI FL 33126 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
DEL ROSARIO, RAMON
5201 BLUE LAGOON DRIVE, PENTHOUSE
MIAMI FL 33126 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
300 GRECO AVE
CORAL GABLES, FL 33146

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
300 GRECO AVE
CORAL GABLES, FL 33146

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
300 GRECO AVE
CORAL GABLES, FL 33146

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
4000003123124--0
-02/03/00--01038--011

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
***\$50.00 ***\$50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ 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 608, Florida Statutes.

SIGNATURE:

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

01/31/00

Date

305-476-1448

Daytime Phone #

CR2E083 (9/99)