

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001426

1. Entity Name

THE OCEANUS SOFTWARE COMPANY, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -6 AM 11:43

Principal Place of Business

5201 ORDUNA DRIVE, SUITE 13  
CORAL GABLES FL 33146

Mailing Address

C/O MARSHALL LANGER  
355 WEST END AVENUE, SUITE 5  
NEW YORK NY 10024-6894



2. Principal Place of Business

3. Mailing Address

c/o Marshall Langer

Suite, Apt. #, etc.

Suite, Apt. #, etc.

164 West 79th St, Suite 9B

City & State

City & State

New York, NY

Zip

Country

Zip

Country

10024

USA

4. FEI Number

22-3635088

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWARTZ, LOUIS  
5201 ORDUNA DRIVE, SUITE 13  
CORAL GABLES FL 33146

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

3/20/00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM SWARTZ, LOUIS  
STREET ADDRESS 3093 OAK AVENUE  
CITY- ST- ZIP MIAMI FL ☐ Delete

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 5201 Orduna Drive, suite 13  
CITY- ST- ZIP Coral Gables, FL 33146

TITLE NAME MGRM WALSH, ROBERT  
STREET ADDRESS 6924 BOTTLE BRUSH DR.  
CITY- ST- ZIP MIAMI LAKES FL ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 900003179189-1  
CITY- ST- ZIP -03/22/00--01019--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MGRM LANGER, MARSHALL  
STREET ADDRESS 355 WEST END AVE, STE 5  
CITY- ST- ZIP NEW YORK NY ☐ Delete

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 164 West 79th Street, suite 9B  
CITY- ST- ZIP New York, NY 10024

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

SIGNATURE REQUIRED

3/2/00

(212) 875-9953

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

Date

Daytime Phone #

CR2E083 (9/99)