

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90094 003 ****61.25

0040714

DOCUMENT # 714060

1. Entity Name

OCEAN DRIVE MANOR, INC.

Principal Place of Business

Mailing Address

590 OCEAN DRIVE
 KEY BISCAYNE FL 33149

C/O CPM
 170 OCEAN LANE DR
 KEY BISCAYNE FL 33149
 US

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

59-1288439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CERTIFIED PROPERTY MANAGEMENT CORP
170 OCEAN LANE DR
KEY BISCAYNE FL 33149

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANCHEZ-MEDIO, MARLENE 590 OCEAN DRIVE #7-B KEY BISCAYNE FL 33149	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, IVAN 590 OCEAN DRIVE KEY BISCAYNE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, RANDOLPH 590 OCEAN DR. KEY BISCAYNE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MINOR, STEVE 590 OCEAN DR KEY BISCAYNE FL 33149	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAICHACK, DAVID 590 OCEAN DR. KEY BISCAYNE FL 33149	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Raul Rojas 590 Ocean DR #7-A Key Biscayne, FL 33149	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/01

Date

305 361 5113

Daytime Phone #

CR2E037 (10/00)