

2005 UNIFORM BUSINESS REPORT (UBR)

06-14-2005 90001 007 ***300.00
P02000059782

DOCUMENT# **P02000059782**

1. Entity Name
CETACEAN ROI, INC.

Principal Place of Business
**1428 SE 4TH AVE UNIT H263
DEERFIELD BEACH FL 33441**

Mailing Address
**1428 SE 4TH AVE UNIT H263
DEERFIELD BEACH FL 33441**

FILED

05 JUL 21 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

REINSTATEMENT 04-05

4. FEI Number
45-0479544

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 Now Registered Agent

**MITCHELL, ELROY
1428 SE 4TH AVE UNIT H263
DEERFIELD BEACH FL 33441**

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

06/08/05

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 may Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PSTD
MITCHELL, ELROY
1428 SE 4TH AVE UNIT H263
DEERFIELD BEACH FL 33441**

☐ Delete

TITLE
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CITY - ST - ZIP

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13. 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 qualified by chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/08/05

Date Daytime Phone #

ATTACHMENT
40088094

282

Deerfield Beach - Florida, June 8th, 2005

From: CETACEAN ROI, INC.
1428 SE 4TH AVE UNIT H263
DEERFIELD BEACH FL 33441

To: FLORIDA DEPARTMENT OF STATE
REINSTATEMENT DEPARTMENT
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE - FL - 32314

Re: Admin. Dissolution of Cetacean Roi, Inc.

Dear Sir or Madam:

We come before this honorable department which we respect and appreciate the statutes to declare that we have a Profit Corporation by the following name:

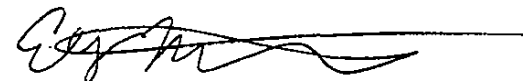
CETACEAN ROI, INC.
Doc. # P02000059782

Our corporation has its articles filed with Florida department of State - Division of Corporation on 05/29/2002. Unfortunately, we never received any notices of our UBR form by mail last year.

As this happened against our will, we would like to ask you please waive the Reinstatement Fee, as we are sending you the amount of US\$ 300 (to pay the 2004 and 2005 UBRs), plus the completed form. We would like to ask you to please consider this, and file this annual report at yours earlier convenience.

We look forward to a positive response. If there is any other necessary information concerning this matter, please feel free to contact us. We appreciate your attention.

Yours truly,


ELROY MITCHELL
President