

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90177 003 ***158.75

DOCUMENT # P95000020452

1. Entity Name
OCEAN VISTA FLORIDA, INC.

Principal Place of Business: ~~16800 GULF OF COURT MIAMI FL 33157~~
 Mailing Address: ~~18495 S DIXIE HWY BND 102 MIAMI FL 33157~~
 US

2. Principal Place of Business: **2800 Post Oak Blvd.**
 Suite, Apt. #, etc.: **Suite 5310**
 City & State: **Houston, Texas**

3. Mailing Address: **2800 Post Oak Blvd.**
 Suite, Apt. #, etc.: **Suite 5310**
 City & State: **Houston, Texas**



DO NOT WRITE IN THIS SPACE

4. FEI Number: **65-0563879**

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

YOUNG, JUDITH C
12908 AIR WAY STREET
PANAMA CITY FL 32404-2833

Name: **C T Corporation System**
 Street Address (P.O. Box Number is Not Acceptable): **1200 South Pine Island Road**
 City: **Plantation** FL Zip Code: **33324**

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: Jennifer J. McBurnett **Jennifer J. McBurnett** 4-29-02
 Assistant Secretary 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, 2002 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	CPD YOUNG, JUDITH C 12908 AIR WAY STREET PANAMA CITY FL 32404-2833	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD HUGHEY, BONNIE J 18495 S DIXIE HWY, B102 MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEGERISI, OMAR M 2800 POST OAK BLVD SUITE 5310 HOUSTON TX 77056	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 required 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 empowerments.

SIGNATURE: JENNIFER J. MCBURNETT **JENNIFER J. MCBURNETT** 4-29-02 **4-29-02** 713-840-7168
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)