

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101612

1. Entity Name

571 OCEANVIEW PROPERTIES, INC.

Principal Place of Business

715 TURTLE COVE LANE
VERO BCH FL 32964-3657

Mailing Address

P. O. BOX 3657
VERO BCH FL 32964-3657

2. Principal Place of Business

SISI N. AIA

3. Mailing Address

Suite, Apt. #, etc.

403

City & State

Vero Beach, FL

City & State

Zip

32963

Country

Indian River

Country

4. FEI Number 65-0919095

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZANA, YANE

715 TURTLE COVE LANE
VERO BCH FL 32964-3657

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

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, 2001 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

TITLE D
NAME ZANA, YANE
STREET ADDRESS 715 TURTLE COVE LANE
CITY-ST-ZIP VERO BCH FL 32964-3657 ☐ Delete

TITLE PST
NAME YANE, RANA
STREET ADDRESS 715 TURTLE COVE LANE
CITY-ST-ZIP VERO BCH FL 32964-3657 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/01 (561) 2346716

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90013 038 ***150.00

C0037213



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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