

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90395 019 ***150.00

DOCUMENT # P98000101612

1. Entity Name

571 OCEANVIEW PROPERTIES, INC.

Principal Place of Business

**5151 N A1A
 403
 VERO BEACH FL 32963**

Mailing Address

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

2. Principal Place of Business

**Holland + Knight
 Suite, Apt. #, etc.
 1499 South Harbor City Blvd.
 City & State
 Suite 201, Melbourne, FL.**

3. Mailing Address

**Same
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

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 **HOLLAND + KNIGHT**
 Street Address (P.O. Box Number is Not Acceptable)
**1499 South Harbor City Blvd.
 Suite 201
 City Melbourne FL Zip Code 32901**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-22-02

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	D	<input checked="" type="checkbox"/> Delete
NAME	ZANA, YANE	
STREET ADDRESS	715 TURTLE COVE LANE	
CITY-ST-ZIP	VERO BCH FL 32964-3657	
TITLE	PST	<input checked="" type="checkbox"/> Delete
NAME	YANE, RANA	
STREET ADDRESS	715 TURTLE COVE LANE	
CITY-ST-ZIP	VERO BCH FL 32964-3657	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LECLERCQ, ALAIN	
STREET ADDRESS	579 N. A1A, Unit 601	
CITY-ST-ZIP	Satellite Beach, FL. 32937	
TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECLERCQ, ALAIN	
STREET ADDRESS	579 N. A1A, Unit 601	
CITY-ST-ZIP	Satellite Beach, FL. 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-02

Date

Daytime Phone #

CR2E034 (9/01)