

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

DOCUMENT # **P 99 000097823**

05-16-2001 90253 048 ***150.00

1. Entity Name

Ocean Wave Realty, Inc.

*NIC
 FLD
 9/11/00
 (handwritten)*

Principal Place of Business Mailing Address
3100 N. Ocean Blvd
808
Ft. Lauderdale, FL

A0068503

2. Principal Place of Business 3. Mailing Address
2755 E. OAKLAND PK Blvd **2755 E. OAKLAND PK Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#101 **#101**

DO NOT WRITE IN THIS SPACE

City & State City & State
Ft Lauderdale, FL **Ft Lauderdale, FL**
 Zip Country Zip Country
33306 **USA** **33306** **USA**

4. FEI Number Applied For
650961289 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Thomas G Rye
2787 E. OAKLAND PK Blvd 301
Ft Lauderdale, FL 33306

7. Name and Address of New Registered Agent
 Name **Thomas G Rye**
 Street Address (P.O. Box Number is Not Acceptable)
2701 E. OAKLAND PK Blvd
 City **Ft Lauderdale** **FL** Zip Code **33306**

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]*

DATE **4/25/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	SAIUD MULE <input type="checkbox"/> Delete
NAME	SAIUD MULE
STREET ADDRESS	3100 N. Ocean Blvd #808
CITY-ST-ZIP	Ft Lauderdale, FL 33308
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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SAIUD MULE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAIUD MULE
STREET ADDRESS	2755 E. OAKLAND PK Blvd #101
CITY-ST-ZIP	Ft Lauderdale FL 33306
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	
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]* PRES. **4/25/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/00)