

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90076 040 \*\*\*150.00

**DOCUMENT # S37909**

1. Entity Name

**OCEANIA BROKERAGE, INC.**

Principal Place of Business

Mailing Address

16340 COLLINS AVE  
 MIAMI BEACH FL 33160  
 US

16340 COLLINS AVE  
 MIAMI BEACH FL 33160-4510  
 US

2. Principal Place of Business

16445 COLLINS AVE.

3. Mailing Address

16445 COLLINS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

4. FEI Number

65-0267338

Applied For

Not Applicable

Zip 33160

Country

Zip 33160

Country

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

~~PANKOW, GERALD R.  
 16340 COLLINS AVE  
 MIAMI BEACH FL 33160~~

Name **GERTI KLEIKAMP**

Street Address (P.O. Box Number is Not Acceptable)

16445 COLLINS AVE

City **MIAMI BEACH FL**

Zip Code **33160**

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)

DATE **4/14/00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	PSD GERALD, PANKOW 16340 COLLINS AVE MIAMI BEACH FL	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>GERTI KLEIKAMP 16445 COLLINS AVE MIAMI BEACH FL 33160</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Staceyann Legro 16445 Collins Ave. Miami Beach FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.

SIGNATURE: *[Signature]* **Staceyann Legro** 4/14/00 3059492278  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE