

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # S37909

1. Entity Name

OCEANIA BROKERAGE, INC.

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

04-24-2000 90076 040 ***150.00

Principal Place of Business
16340 COLLINS AVE
MIAMI BEACH FL 33160
US

Mailing Address
16340 COLLINS AVE
MIAMI BEACH FL 33160-4510
US

2. Principal Place of Business
16445 COLLINS AVE.
Suite, Apt. #, etc.

3. Mailing Address
16445 COLLINS AVE.
Suite, Apt. #, etc.

City & State
MIAMI BEACH FL
Zip 33160 Country

City & State
MIAMI BEACH FL
Zip 33160 Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 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.
(See criteria on back) ☐

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GERTI KLEIKAMP 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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: Staceyann Legro Date 5/16/00 Daytime Phone # 3059492278