

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004440

1. Entity Name

OCEAN BLUE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

350 TAFT STREET
HOLLYWOOD FL 33019

L. B. Slater Management
128 North Dixie Highway
Hollywood, FL 33020

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-22-2002 90155 010 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0938323

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

L. B. Slater Management
128 North Dixie Highway
Hollywood, FL 33020

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

FILE NOW: FEE IS \$61.25

9. Election/Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE

PD

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

DANNY ALVAREZ

350 TAFT ST. UNIT 3

HOLLYWOOD, FL

33019

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD

☒ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

SD

BRENDA O'LEARY

11003 N.W. 24TH ST. N.E.

SUNRISE, FL.

33322

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D.D.

DIUBY GUERRA

9974 N.W. 127TH TERRACE

HIALEAH GARDENS, FL.

33018

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

CR2E037 (9/01)