

2003 UNIFORM BUSINESS REPORT (UBR)

0171330 AV

DOCUMENT # **K50547**

1. Entity Name

~~PALM OCEAN VILLAS, INC.~~

OCEAN FRONT PARADISE, INC

Principal Place of Business

**1395 S OCEAN BLVD
POMPANO BEACH FL 33062
US**

Mailing Address

**1395 S OCEAN BLVD
POMPANO BEACH FL 33062
US**

FILED

03 APR 15 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FL 32301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1135 N. HWY A-1-A

Suite, Apt. #, etc.

3. Mailing Address

1395 S. OCEAN BL D

Suite, Apt. #, etc.

City & State

INDIATLANTIC, FL

City & State

POMPANO BEACH, FL

4. FEI Number

65-0082477

Applied For

Not Applicable

Zip
32903

Country

Zip

33062

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOSZOWSKI, KAZIMIERZ
1395 S. OCEAN BLVD.
POMPANO BEACH FL 33062**

7. Name and Address of New Registered Agent

Name
HOSZOWSKI, KAZIMIERZ

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

1135 N. HWY A-1-A

City

INDIATLANTIC, FL

FL

Zip Code

32903

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 *KAZIMIERZ HOSZOWSKI*

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

(NOTE: Registered Agent signature required when reinstating)

4-9-03

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

TITLE **DP** ☐ Delete
NAME **HOSZOWSKI, KAZIMIERZ**
STREET ADDRESS **1395 S. OCEAN BLVD.**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **DST** ☐ Delete
NAME **HOSZOWSKI, KRYSZYNA**
STREET ADDRESS **1395 S. OCEAN BLVD.**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1135 N. HWY A-1-A**
CITY-ST-ZIP **INDIATLANTIC, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1135 N. HWY A-1-A**
CITY-ST-ZIP **INDIATLANTIC, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **100016323881**
CITY-ST-ZIP **04/18/03--01055--003 **150.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Kazimierz Hoszowski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-03

Date

321-768-0708

Daytime Phone #

CR2E034 (9/01)