

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758392

1. Entity Name

OCEAN ISLES FISHING VILLAGE, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90007 022 ****61.25

Principal Place of Business

10877 OVERSEAS HWY
UNIT 1
MARATHON FL 33052
US

Mailing Address

10877 OVERSEAS HWY
UNIT 1
MARATHON FL 33050-3472
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2272186

Applied For

Not Applicable

Zip

Country

Zip

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

FERENCI, DONNA N
10877 OVERSEAS HWY
UNIT 1
MARATHON FL 33050

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete
NAME **PETER, LARRY**
STREET ADDRESS **1996 OVERSEAS HWY #23**
CITY-ST-ZIP **MARATHON FL 33050**

TITLE **VP** ☐ Change ☒ Addition
NAME **Fred Ramirez**
STREET ADDRESS **7225 SW 16th St.**
CITY-ST-ZIP **Miami, FL 33155**

TITLE **PD** ☐ Delete
NAME **SALAVARRIA, JOSE**
STREET ADDRESS **10814 S.W. 74TH ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☐ Change ☒ Addition
NAME **Robert Kurth**
STREET ADDRESS **7625 NW 22nd St.**
CITY-ST-ZIP **Margate, FL 33063**

TITLE **SD** ☒ Delete
NAME **MESTRE, OCTAVIO E.**
STREET ADDRESS **7101 SW 112 PLACE**
CITY-ST-ZIP **MIAMI FL 33173**

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

TITLE **TD** ☐ Delete
NAME **COOK, JEANNE**
STREET ADDRESS **277 N. SACKETT ST.**
CITY-ST-ZIP **MARBLEHEAD OH**

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

TITLE **SD** ☐ Delete
NAME **NODARSE, ERNESTO**
STREET ADDRESS **10111 SW 66TH ST**
CITY-ST-ZIP **MIAMI FL 33173**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 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: *Original Required* General mgr. 4/3/00 305 743 5571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)