

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 839951

1. Entity Name

OCEAN WHISPER INC.

Principal Place of Business

C/O ROBERT WAYNE
1225 SW 87 AVE.
MIAMI FL 33174

Mailing Address

3883 BISCAYNE BLVD.
MIAMI FL 33137
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

~~PRADO, ALESSANDRA~~
~~8350 SUNSET DR~~
~~MIAMI FL 33143~~

Name

PRADO, FRANCISCO

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

3883 Biscayne Blvd

Miami, FL

City

FL

Zip Code

33137

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

1-09-01

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	PRADO-GARCIA, CARLOS	
STREET ADDRESS	CALLE JJ FERNANDEZ #48	
CITY-ST-ZIP	MEXICO D.F.	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RIVAS-PRADO, LAURA E.	
STREET ADDRESS	CALLE JJ FERNANDEZ #48	
CITY-ST-ZIP	MEXICO D.F.	
TITLE	MD	<input type="checkbox"/> Delete
NAME	CORPORATE TRUST N.V.	
STREET ADDRESS	PIETERMAAI 16-C	
CITY-ST-ZIP	CURACAO, N.A.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/09/01

Daytime Phone #

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90016 033 ***150.00

00005267



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

0167505