

2002 UNIFORM BUSINESS REPORT (UBR)

0009748 AT

DOCUMENT # **A24973**

1. Entity Name

OCEAN GRANDE BEACH CLUB, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 29 AM 10:20



Principal Place of Business

**3300 N. SURF RD.
HOLLYWOOD FL 33019**

Mailing Address

**1541 BRICKELL AVE. #C-300
MIAMI FL 33129**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**2457 Collins Ave
#506**

DUE BY MAY 1, 2002

City & State

City & State

Miami Bch, FL

4. FEI Number

59-2490120

Applied For

Not Applicable

Zip

Country

Zip

33140

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WOLCZIK, HORST A
1541 BRICKELL AVE. #C-300
MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name

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

2457 Collins Ave.

#506

City

Miami Bch

FL

Zip Code

33140

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.

DATE

9. Capital Contributions
as Shown on record.

\$40,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **M09798**
NAME **HOLLYWOOD BEACH RESORT, INC.**
STREET ADDRESS **1541 BRICKELL AVE C-300**
CITY-ST-ZIP **MIAMI FL 33129**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

2457 Collins Ave. #506

CITY-ST-ZIP

Miami Bch, FL 33140

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

Horst Wolczik

1/24/02

305-807-7848

Date

Daytime Phone #

CR2E003 (9/01)

PLEASE CHECK HERE