

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90028 031 ***150.00

0145041 AV

DOCUMENT # F35539

1. Entity Name

OCEANSIDE, INC.

Principal Place of Business

C/O JULES RIVARD
 3514 NORTH SURF ROAD
 HOLLYWOOD FL 33019

Mailing Address

C/O JULES RIVARD
 3514 NORTH SURF ROAD
 HOLLYWOOD FL 33019

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

59-2161133

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERGERON, MONICA
 3514 NORTH SURF ROAD
 HOLLYWOOD FL 33019

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	LEOPOLD LECLERC	
STREET ADDRESS	3031 DES CHATELETS	
CITY-ST-ZIP	STE-FOX QU	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERGERON, MONICA	
STREET ADDRESS	1631 PARADIS	
CITY-ST-ZIP	ROUYN QU	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUMPOWER, JOSEPH	
STREET ADDRESS	3514 N SURF ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	S	<input type="checkbox"/> Delete
NAME	JULIEN POULIN	
STREET ADDRESS	291 ST-HENRI	
CITY-ST-ZIP	BEAUCE QU	
TITLE	P	<input type="checkbox"/> Delete
NAME	RIVARD, JULES	
STREET ADDRESS	1631 PARADIS	
CITY-ST-ZIP	KOUYN QU	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVARD, MACEL	
STREET ADDRESS	167 MAIN ST	
CITY-ST-ZIP	ROUYN NORANDA PQ J9-X4P6	

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	
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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:

Jules Rivard
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 22/02 819-762-1941

CR2E034 (9/01)