

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90034 028 \*\*\*150.00

**DOCUMENT # F99000001985**

1. Entity Name

**OCEANCREST MERCHANT GROUP, INC.**

Principal Place of Business

Mailing Address

6700 N. ANDREWS AVE. SUITE 401  
 FT LAUDERDALE FL 33309

6700 N. ANDREWS AVE. SUITE 401  
 FT LAUDERDALE FL 33309-2165

2. Principal Place of Business

3. Mailing Address

2600 N. Military Tr  
 Suite, Apt. #, etc.  
 Ste 206

2600 N Military Tr  
 Suite, Apt. #, etc.  
 Ste 206

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip  
 33431

Country  
 USA

Zip  
 33431

Country  
 USA

4. FFI Number

Applied For

65053698

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

**LOEWENSTERN, ELLIOT**  
 6700 N. ANDREWS AVE, SUITE 401  
 FT LAUDERDALE FL 33309

Name

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

2600 N Military Trail  
 Ste 206

Boca Raton

FL

Zip Code  
 33431

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PVST LOEWENSTERN, ELLIOT 6700 N. ANDREWS AVE, SUITE 401 FT LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOEWENSTERN, ELLIOT 6700 N. ANDREWS AVE, SUITE 401 FT LAUDERDALE FL 33309	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2600 N. Military Trail Ste 206 Boca Raton FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2600 N. Military Trail Ste 206 Boca Raton FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Daytime Phone #

CR2E034 (9/99)