

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J86780

1. Entity Name
OCI ASSOCIATES, INC.

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90006 044 ***158.75

0067186 AV

Principal Place of Business

427 CENTERPOINT CR
STE 1825
ALTAMONRE SPRINGS FL 32701
US

Mailing Address

427 CENTERPOINT CR
STE 1825
ALTAMONRE SPRINGS FL 32701
US

2. Principal Place of Business

3. Mailing Address

OCI Associates, Inc.
427 Centerpoint Circle Ste.1825
Altamonte Springs, FL 32701

OCI Associates, Inc.
427 Centerpoint Circle Ste.1825
Altamonte Springs, FL 32701

DO NOT WRITE IN THIS SPACE

El Number

65-0314963

Applied For

Not Applicable

ertificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAZEMINIA, AMIR
427 WHOOPING LOOP STE 1825
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

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

TITLE PTD ☐ Delete
NAME KAZEMINIA, AMIR
STREET ADDRESS 113 OAK LEAF LANE
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02

Date

(407) 332-5110

Daytime Phone #

CR2E034 (9/01)