

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K33800

1. Entity Name  
OCEANSIDE MOTEL, INC.

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**  
04-28-2001 90017 042 \*\*\*150.00

Principal Place of Business

601 NW 7TH ST  
DANIA FL 33004  
US

Mailing Address

P.O. BOX 221605  
HOLLYWOOD FL 33022

751188



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3415 mckinley st  
Suite, Apt. #, etc.

3. Mailing Address

3415 mckinley st  
Suite, Apt. #, etc.

City & State

Hollywood, FL  
33021 Broward

City & State

Hollywood, FL  
33021 Brow

4. FEI Number 65-0078751

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BESSETTE, MARK P  
315 CLEVELAND STREET  
HOLLYWOOD FL 33019

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, 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	BESSETTE, MARK D	
STREET ADDRESS	601 NW 7TH ST.	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BESSETTE, TAMRA	
STREET ADDRESS	601 NW 7TH ST.	
CITY-ST-ZIP	DANIA FL 33004	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESSETTE, MARK	
STREET ADDRESS	3415 MCKINLEY ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESSETTE, TAMRA	
STREET ADDRESS	3415 MCKINLEY ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
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

4/21/01 954 986-7089  
Date Daytime Phone #

CR2E034 (10/00)