

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K44565

1. Entity Name

OCEANWIDE INTERNATIONAL TRADING, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90033 037 ***150.00

Principal Place of Business

Mailing Address

1101 E WASHINGTON ST
CUMBERLAND ST
TAMPA FL 33602

1101 E WASHINGTON ST
~~1104 CUMBERLAND ST~~
TAMPA FL 33602-3627
US

2. Principal Place of Business

1101 E. Washington Street

Suite, Apt. #, etc.

3. Mailing Address

1101 E. Washington Street

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-2924369

Applied For

Not Applicable

Zip

33602

Country

USA

Zip

33602

Country

USA

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

BIN WEY, VUN

~~1104 CUMBERLAND ST~~
TAMPA FL 33602

1101 E. Washington St
Tampa, FL 33602.

Name

Vun Bin Wey

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

1101 E. Washington Street

City

Tampa

FL

Zip Code

33602

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.

01/12/00

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

TITLE	<input type="checkbox"/> Delete
NAME	BIN WEY, VUN
STREET ADDRESS	15158 SPRINGVIEW DR.
CITY-ST-ZIP	TAMPA FL (33624)
TITLE	<input type="checkbox"/> Delete
NAME	CHENG, CHIN LIEN
STREET ADDRESS	15158 SPRINGVIEW DR.
CITY-ST-ZIP	TAMPA FL (33624)
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	<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	
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

01/12/00

Date

(813) 223-6969

Daytime Phone #

CR2E034 (9/99)