

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **K47375**

1. Entity Name
740 OCEAN DRIVE CORP.



FILED

03 MAY -8 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
740 OCEAN DR.

3. Mailing Address
Suite, Apt. #, etc.

City & State
MIAMI BEACH FL

City & State

4. FEL Number
65-0095307

Applied For
Not Applicable

Zip
33139

Country
USA

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **FABIAN BASABE**

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

740 OCEAN DRIVE

City
MIAMI BEACH

FL

Zip Code
33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature of filer or printed name of registered agent and title if applicable.

[Signature]

4/30/03

(NOTE: Registered Agent signature required when reinstating)

DATE

**January - May Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME **P. FABIAN BASABE**
STREET ADDRESS
740 OCEAN DRIVE
CITY - ST - ZIP
MIAMI BEACH, FL 33139

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

905-532-0376

CR2E034B (12/02)