


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

DOCUMENT # **K 47375**
 i. Entity Name
740 OCEAN DRIVE CORP.



FILED
 03 OCT 21 PM 1:43

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
740 OCEAN DR. CORP.
 Suite, Apt. #, etc.

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

DO NOT WRITE IN THIS SPACE

City & State
MIAMI BEACH

City & State

4. FEI Number
65-0095307

Applied For
 Not Applicable

Zip
33139

Country
USA

Zip

Country

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

**DO NOT WRITE
 IN THIS SPACE**

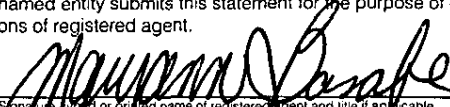
7. Name and Address of Current Registered Agent

Name
MARYANN BASABE

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

City
MIAMI BEACH **FL** Zip Code
33139

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  DATE **10/8/03**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 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

OFFICERS AND DIRECTORS		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
OFFICER	P		MARYANN BASABE	740 OCEAN DRIVE	MIAMI BEACH, FL 33139
OFFICER				700023980097	10/21/03--01107--009 ##6125
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CR2E034B (12/02)

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:  DATE **10/8/03** 305-778-7122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date/Phone #