

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2003 8:00 am
Secretary of State

02-10-2003 90102 018 *****50.00
07-22-2003 90039 004 *****50.00

0004147

DOCUMENT # L02000028172

1. Entity Name

OCEANIA 2653C, LLC



Principal Place of Business

Mailing Address

C/O STONE & PESTCOE, P.A.
150 S. PINE ISLAND RD., STE. 540
PLANTATION FL 33324

C/O STONE & PESTCOE, P.A.
150 S. PINE ISLAND RD., STE. 540
PLANTATION FL 33324

2. Principal Place of Business

3. Mailing Address

16500 Collins Ave

PO Box 220036

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2653

City & State

City & State

Sunny Isles Beach FL

Great Neck NY

Zip

Country

Zip

Country

33160

USA

11022

USA

4. FEI Number

65-1170915

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PESTCOE, SCOTT L
STONE & PESTCOE, P.A.
150 S. PINE ISLAND RD., STE. 540
PLANTATION FL 33324

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KANDOV, MICHAEL
40 FLEET STREET
FOREST HILLS GARDENS NY 11375 ☐ Delete

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

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)