

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L34185

1. Entity Name

OCEAN AIR ENTERPRISES, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90145 030 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 421060  
 KISSIMMEE FL 34742-1060

P.O. BOX 421060  
 KISSIMMEE FL 34742-1060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2979646

Applied For

Not Applicable

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

SMITH, RANDELL C  
 200 N. THORNTON AVE.  
 ORLANDO, FL 32801

Name  
 O'Neill, Bernard C Esq.  
 Street Address (P.O. Box Number is Not Acceptable)  
 200 E. Robinson St.  
 #865  
 City Orlando FL Zip Code 32801

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

(NOTE: Registered Agent signature required when reinstating)

4/25/00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
 NAME SHEIK, YOUSAF  
 STREET ADDRESS 7646 IRLO BRONSON HWY  
 CITY-ST-ZIP KISSIMMEE FL

TITLE  
 NAME  
 STREET ADDRESS PO Box 421060  
 CITY-ST-ZIP KISSIMMEE, FL 34742-1060

TITLE  
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 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

407-396-6677

Daytime Phone #

CR2E034 (9/99)