

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

0222657 AV

02-24-2002 90009 006 ***150.00

DOCUMENT # M61377

1. Entity Name
OCEAN BEACH PROPERTIES, INC.

Principal Place of Business 1510 COLLINS AVE MIAMI BCH. FL 33139 US	Mailing Address 1510 COLLINS AVE MIAMI BCH. FL 33139 US
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0011041** 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

**COHEN, JAY
 860 COLLINS AVE
 MIAMI BEACH FL 33139**

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.

SIGNATURE  *Jay Cohen President* **2-5-02**
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. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	P	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	COHEN, JAY T.	860 COLLINS AVENUE	MIAMI BEACH FL 33139		
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 REQUIRED** **2/5/02** **305-531-5541**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)